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ABSTRACT

A national survey of registered nurses and analysis of official statistics provided an overview of the dimensions and dynamics of the labor market for nurses in the United Kingdom. Findings indicated the following: enrollment in preregistration nurse training courses decreased by 27 percent over the 1990s; initial entries to the UK Central Council for Nursing, Midwifery, and Health Visiting Register from preregistration nursing education courses continued to decline; and family-friendly and flexible working arrangements were the solutions proposed to improve recruitment and retention. The majority of respondents employed in nursing had responsibilities for dependent children, dependent adults, or both. Better resources to do the job, better pay, and greater availability of flexible working hours were cited as the three main factors that would have reduced the likelihood of respondents leaving nursing. More than one-third of National Health Service (NHS) nurses would leave nursing if they could; one-fourth were seeking a job change. NHS nurses cited better pay, better resources to do the job, and reduced workloads as the three main factors that would reduce the likelihood of their leaving nursing. An increasing proportion of NHS nurses agreed they could be paid more for less effort if they left nursing. Two-thirds of NHS nurses working internal rotation said it was not their preferred work pattern. Excess hours continued to be the norm. (14 references) (YLB)

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Changing Times: a survey of registered nurses in 1998

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Summary

This report presents the main findings from a national survey of registered nurses and analysis of official statistics. This is the thirteenth membership survey commissioned by the RCN and conducted by the Institute. The respondents' age profile, gender mix and geographical distribution was broadly similar to data from the UKCC Register. The majority (92 per cent) of respondents were employed in nursing. Nearly four-fifths of these nurse respondents were employed in the NHS. The remainder were employed in non-NHS nursing, GP practices and as bank or agency nurses.

Nurse respondents worked across the full range of work settings and specialties. Two-thirds worked in hospitals, 14 per cent worked in the community and seven worked in nursing or residential homes. Two-fifths of nurses worked in acute adult specialties, 18 per cent worked in primary care and 12 per cent worked in elderly care.

The report also provides an overview of the dimensions and dynamics of the labour market for nurses in the UK. In particular, it highlights the changing numbers of pre-registration nursing students, entries to the UKCC Register, the ageing nurse population and participation in nursing employment. Finally, it describes the traditional solutions proposed to recruit and retain staff, namely family friendly and flexible working practices.

The pool of registered nurses

At 31 March 1997 there were 637,449 'practitioners' on the UKCC Register. The number of practitioners on the Register reduced by nearly two per cent (10,791) in the 12 months to the end of March 1998. It is the biggest decline ever reported.

The population of registered practitioners who are actually available for nursing employment in the UK is reduced by three main factors. Firstly, four per cent of those on the Register are recorded as resident abroad. Secondly, 4.7 per cent of those on the Register are aged 60 or over. Thirdly, an unknown number of practitioners, perhaps eight per cent, are employed in non-nursing work.

The ageing of the Registered population is the most significant of these factors. In 1990/91 more than one in four (26 per cent) of

those on the Register were aged under 30; in 1997/98 it was less than one in seven. At the same time more than one in eight of those on the Register were aged 55 or over.

Projections of the nursing workforce demonstrate that, by the millennium, almost half of the nursing workforce in Great Britain will be aged over 40. This proportion is forecast to rise to nearly 53 per cent by the year 2010 when one-fifth of all nurses will be aged over 50. As a consequence, the level of retirements is projected to grow from around 5,500 per year in the late 1990s to over 10,000 per year by the middle of the next decade.

New entries to the UKCC Register

The number of entries to the Register from training has now fallen every year this decade. Between 1990/91 and 1996/97 new entries to the Register from training in the UK fell by 25 per cent, from 18,980 to 14,210. More than half of that decline occurred in the last twelve months.

Meanwhile, the number of initial entrants from overseas and the EC has been increasing, rising from 2,260 in 1993/94 to 4,300 in 1997/98. The latter is more than 500 up on the previous year and is the second largest increase recorded this decade.

Entries to pre-registration training

As a consequence of the projected growth in retirements, the number of new registrants entering employment would have to rise from an average of 21,000 per year between 1995 and 2005, to an average of 24,600 between 2005 and 2015, in order to maintain the nursing workforce at its current size.

In order to meet this demand, the required level of intakes to pre-registration nurse education would have to rise from around 20,236 in 1999/2000 to 31,000 by 2011/12. These projected intakes are roughly double the size of actual intakes in recent years, although they are very similar to actual intakes in the late 1980s.

Intakes to first level nurse education courses in the UK have reduced by more than 27 per cent over the 1990s, reflecting reductions in the number of places for pre-registration education being commissioned. In 1989/90 there were 21,117 entrants to pre-registration nurse education. By 1995/96 the intake had fallen to 17,025.

The latest figures for England show that intakes to pre-registration nurse education courses declined by nearly two per cent between 1996/97 and 1997/98. There is evidence that the number of applicants for places on pre-registration nurse education courses may also be reducing. Figures from the English National Board seemed to show that while the number

of training places available had risen by 25 per cent in four years, the number of valid applications had dropped by seven per cent.

New qualifiers

Although the majority of newly qualified nurses enter NHS employment in the year they register, the ability of the NHS to recruit newly qualified nurses has diminished. On average, about ten per cent of first time registrants do not work for the NHS in the year that they qualify.

Job change

One in six NHS nurses reported that they had changed jobs, or stopped working, during 1997-98. This turnover figure is lower than that reported in the previous two years. The figure includes nurses changing jobs within the NHS (three-quarters of all job changes), moving from NHS to non-NHS and non-nursing jobs, and leaving paid employment altogether.

While turnover was reducing, there was a slight rise in the proportion leaving the NHS, from 4.0 per cent in 1997 to 4.6 per cent in 1998. Nearly half of those who left the NHS remained in nursing jobs, including nursing in the private sector, practice nursing and bank nursing. It is likely that most of those in bank nursing are still working for the NHS. Other destinations included nurse education and non-nursing work. One in five leavers were on a career break or statutory maternity leave. These nurses may return to the NHS.

Future job change

Nurses were asked to indicate the extent to which they agreed or disagreed with the statement: *'I would leave nursing if I could'*. In 1993 one-quarter of NHS nurses agreed or strongly agreed with this statement. By 1995 the proportion agreeing had risen to 37 per cent and has remained relatively unchanged since.

One-quarter of NHS nurses said that they were currently seeking a change of job, mostly within the NHS. Only ten per cent of these nurses were looking for non-NHS or agency nursing work.

NHS nurses were asked to indicate the single most important factor which would reduce their likelihood of leaving. Pay was cited by almost one-third of respondents, followed by better resources, reduced workloads and improved promotion prospects.

Less than one-quarter of those not in nursing said that they would probably return to nursing employment, most within the

next two years. Nearly two-fifths were unsure whether they would return or not, and one in three said that they did not intend to return.

Clinical grading and pay satisfaction

There has been little movement away from the national pay structure. But there has been a decline in the proportion of NHS nurses employed in posts at grade G or above. This declined from around one-third in 1991 to just under one-quarter in 1998. Over the same period, the proportion in D and E grade posts had risen from 51 per cent to 62 per cent.

Three-fifths (59 per cent) of nurses reported that they were on the top increment of their scale and, therefore, do not receive any additional annual incremental increase.

In general, NHS nurses appear to have become more dissatisfied with their pay over the 1990s. Two-thirds of nurses agreed with the statement: *'I could be paid more for less effort if I left nursing'*. In 1992 the comparable figure for all NHS nurses was 45 per cent. Newly qualified nurses were particularly dissatisfied — 84 per cent agreed.

Working hours and patterns

Since 1992 the proportion of nurses working full time has fluctuated between 59 per cent and 65 per cent, and has remained more prevalent within the NHS and non-NHS sectors.

The average number of contracted part-time hours was 23.6. However, one in three nurses who reported working part time were contracted to work 30 hours or more.

Internal rotation may be regarded as unsociable and family unfriendly because working patterns can change rapidly within the three shift system. It was the working pattern for one-third of NHS nurses in 1998 compared with 23 per cent in 1994. During the same period, there was a decline in the proportion who worked early and or late shifts, night shifts and day shifts, while those working 12 hour shifts rose by two per cent to six per cent.

More than half the NHS nurses reported that they were working their preferred shift pattern. Two-thirds of those working internal rotation said it was not their preferred pattern of work, preferring instead early or late shifts and day shifts.

Nearly half the NHS nurses reported that they could influence the shift pattern that they worked. The most frequently cited influence was that of self-rostering, followed by flexible start times, flexible finish times and off duty requests.

Workloads

Previous IES/RCN surveys have shown that excess hours working is the norm for most nurses. The 1998 survey continued the same trend; three-fifths of nurses reported working excess hours in their last working week. The average number of excess hours worked was 5.7. Most nurses reported that they had worked excess hours to cover for unplanned peaks in the workload and staff shortages.

All nurses were asked to indicate how often they worked excess hours. One-third reported that they worked excess hours 'several times per week' and one-fifth said they did so once per week. Six per cent claimed to work extra hours at the end of every shift.

There has been a rise in the proportion of NHS nurses holding second jobs. In 1991 one in six reported that they held a second job. This rose to one in three in 1998, reflecting a large increase in bank working.

The type of additional paid work has changed over this period. In 1991 one in three NHS nurses with a second job reported working on the 'bank'. By 1998 this figure was 63 per cent. Moreover, the average number of additional hours worked on the bank had increased, from nine hours in 1991 to 12 hours in 1998.

The continuing rise in the proportion of NHS nurses undertaking additional 'bank' work may, in part, reflect problems employers have in filling some vacancies. But it also reflects nurses' desire to be paid for any additional hours they might be asked to work.

Nurses were asked to indicate the extent to which they agreed or disagreed with the statement: *'I feel under too much pressure at work'*. Over the last five years the proportion agreeing or strongly agreeing with this statement has fluctuated around 50 per cent.

Flexible and family friendly working

The majority of respondents who were employed in nursing had caring responsibilities, either for dependent children (40 per cent), dependent adults (14 per cent) or both (four per cent). Of those with dependent children, half had pre-school age children.

One in six NHS nurses have pre-school age children; of these one-third reported that they had access to a workplace nursery or crèche. The remainder reported that they did not, or did not know if they had, a workplace nursery or crèche. Of those with access to such facilities, less than one in five made use of them. The two main reasons given by those who did not use them

were cost (mentioned by 34 per cent) and failure to fit in with working hours (23 per cent).

After a workplace crèche or nursery, carer's leave was the most prevalent family friendly arrangement available to NHS nurses. Nearly half had made use of it.

1. Maintaining the Status Quo

This report presents the main findings of a survey of registered nurses in membership of the Royal College of Nursing (RCN) across the UK. The survey was conducted between March and April 1998 by the Institute for Employment Studies (IES). The study follows the format used in previous surveys commissioned by the RCN and conducted by IES. Where appropriate, data from previous surveys are presented for comparative purposes. Details of the survey methodology and the response rate are presented in Appendix A.

Additionally, the report presents data from a panel survey commissioned as part of the 1996 RCN membership survey. The second follow-up survey was conducted in parallel to the present study. The survey was broadly similar to that of the main membership survey and details of the methodology and response rates are presented in Appendix A. These data are referred to as the panel survey throughout this report.

The report comprises five chapters. Firstly, this introductory chapter provides an overview of the dimensions and dynamics of the labour market for nurses in the UK. It is the context within which the survey results should be interpreted. It highlights several key labour market issues: the changing numbers of pre-registration nursing students; entries to the UKCC Register; the ageing nurse population; and, participation in nursing employment. Secondly, it describes the traditional solutions proposed to recruit and retain staff, namely family friendly and flexible working practices.

1.1 Student numbers

There were approximately 3,000 (wte) learner nurses and 40,000 (headcount) pre-registration diploma students in the UK at September 1997. Learners are nurses on traditional (*ie* pre-Project 2000) training courses. With the full implementation of Project 2000, today's student nurses are receiving college based education, and have a level of supernumerary status during work experience, unlike those trained on 'traditional' courses. Intakes to first level nursing courses in the UK have reduced by more than 5,645 (27 per cent) over the 1990s, reflecting reductions in the number of places for pre-registration nurse education courses being commissioned. In 1989/90 there were 20,442 entrants to pre-registration training. By 1996/97 the

Table 1.1 Entries to first level pre-registration nursing courses 1989/90 to 1996/97, by country

	England	Scotland	Wales	N. Ireland	UK Total
1989/90	15,797	2,837	993	815	20,442
1990/91	15,452	2,779	1,010	697	19,938
1991/92	16,864	2,146	712	745	20,467
1992/93	15,921	2,348	945	642	19,856
1993/94	12,464	2,377	871	528	16,240
1994/95	10,844	2,230	705	466	14,245
1995/96	12,033	2,209	754	476	15,472
1996/97	13,294	2,386	856	494	17,025
1997/98	13,043	n/a	n/a	n/a	n/a

Source: IES; English National Board; Welsh National Board; National Board for Scotland; National Board for Northern Ireland

intake had fallen to 17,025 (Table 1.1). The latest figures for intakes to nurse education in England showed that the intakes to first level pre-registration courses had reduced by two per cent, from 13,294 in 1996/97 to 13,043 in 1997/98 (ENB, 1998). In England the number of students on Project 2000 courses had risen from around 33,000 in September 1995 to 36,000 in September 1997.[1]

National workforce modelling conducted for the NHS Executive in 1996 *'strongly indicated that commissioning levels were insufficient to meet the future demand for qualified nurses and midwives predicted by employers'*. [2]The NHS Executive's Education and Training Planning Guidance for 1997/98 confirms the 1996/97 strategy to *'seek further increases in the overall level of basic nurse and midwifery commissions'*.[3]

There is evidence that the number of applicants for places on pre-registration nurse education courses may also be reducing. Figures from the English National Board, released in December 1997, seemed to show that while the number of training places available had risen by one-third in five years, the number of valid applications had dropped by 15 per cent and the number of offers accepted had also declined (Table 1.2).

Much was made of these figures, which appeared to show that, for the first time, there were fewer applicants than places. However, the application period for 1996/97 still had almost three months to run when these figures were published. The final figures for the period showed that there were some 16,803 applicants for the 16,126 places (1.04 applicants per place) and

[1] Department of Health (1998), Statistical Bulletin, *NHS hospital and community health services non-medical staff in England: 1987-1997.*

[2] NHS Executive, EL (96) 46, *Education and Training Planning Guidance*

[3] NHS Executive, EL (97) 58, *Education and Training Planning Guidance*

Table 1.2 Pre-registration nurse education: applicants and places, 1993/94 to 1996/97 (England)

Year	Places available	Valid applications received	Applications per place	Offers accepted
1993/94	12,078	18,146	1.50	9,111
1994/95	13,152	19,240	1.46	9,417
1995/96	14,272	17,478	1.22	10,250
1996/97	16,126	15,362	0.95	8,131

Source: IES/ENB Annual Report, 1996-97

that 11,048 offers had been accepted. Nevertheless, the trend is apparent and seems to be confirmed by figures for Scotland. These show that the number of applicants for pre-registration nursing courses in Scotland reduced by three per cent between 1993/94 and 1995/96.

One of the key determinants of future nurse supply is the level of drop-outs from pre-registration nurse education courses. At the national level it is not easy to reconcile figures on intakes to and outputs from pre-registration nurse education courses, and there is no consensus between the four boards on drop-outs from these courses. For example, figures for England show that the number of discontinuations was equal to 15.2 per cent of entrants to pre-registration courses in 1997/98, or 6.2 per cent of the in-training population as at the end of March 1998 (ENB, 1998). However, the number of discontinuations includes those individuals leaving post-registration nurse education courses. The number of discontinuations for initial entrants to pre-registration courses were not reported separately. Data for Scotland show that the proportions of the 1992/93 intakes to diploma courses who failed to complete, ranged from 20.9 per cent on the Adult branch to 35.1 per cent on Paediatrics (Scottish Office, 1997). However, wastage rates for successive cohorts have fallen. For example, wastage from the first year of the Adult branch programme reduced from 10.1 per cent in 1992/93 to 8.6 per cent in 1994/95.

1.2 New entries to the UKCC Register

In order to work as a qualified nurse in the UK, an individual must be registered with the UK Central Council for Nursing, Midwifery and Health Visiting (UKCC). The main source of new entrants to the Register is from pre-registration nurse education courses in the UK. The number of entries to the Register from nurse education has now fallen every year this decade. Between 1990/91 and 1997/98 new entries to the Register from training in the UK fell by 6,898 (36 per cent), with nearly one-third of that decline occurring in the last twelve months (Table 1.3). At 12,082 the number of new entries to the Register from training in the UK fell to their lowest ever in 1997/98, down by nearly 15 per cent

Table 1.3 Initial entries to the UKCC Register from training in the UK 1990/91 to 1997/98

	1990/91	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98
England	14,786	14,184	13,931	13,992	13,997	13,527	11,208	9,416
N. Ireland	659	726	717	707	585	581	492	437
Scotland	2,537	2,513	2,485	2,334	2,060	1,920	1,802	1,688
Wales	998	846	936	915	769	842	708	541
Total	**18,980**	**18,269**	**18,069**	**17,948**	**17,411**	**16,870**	**14,210**	**12,082**

Source: IES/UKCC, Statistical analysis of the UKCC's professional register

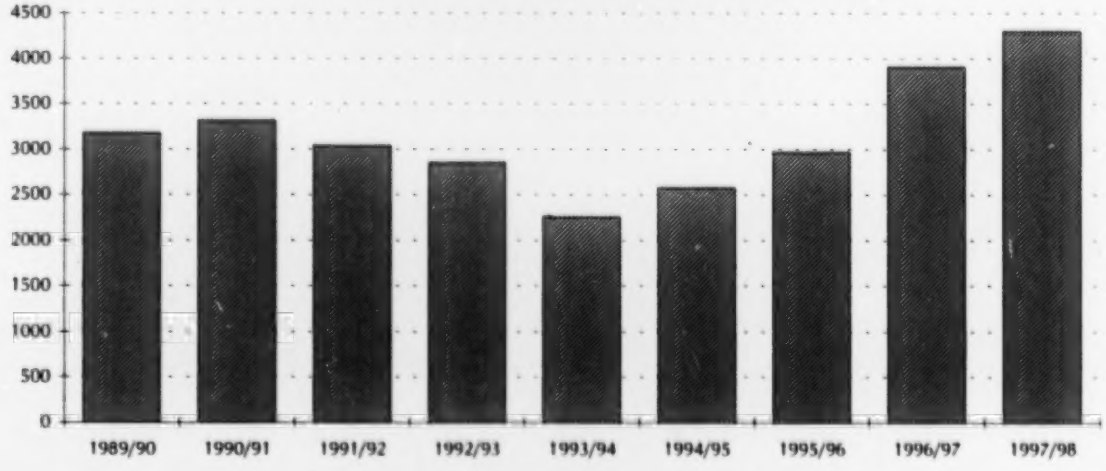
on 1996/97 and representing the largest one year fall yet recorded.

A further source of new entries to the Register are those who initially trained outside the UK. At 4,300, initial entrants from overseas (2,861) and the EC (1,439) accounted for more than one in four (26 per cent) of all initial entries, that is, more than from Northern Ireland, Scotland and Wales combined. The numbers of initial entrants to the Register from abroad has tended to fluctuate from year to year but has been increasing steadily since 1993/94. The figure for 1997/98 shows an increase of more than 500 (14 per cent) on the 1996/97 figure and is the second largest increase recorded in the 1990s (Figure 1.1).

1.3 The pool of nurses

In March 1998 there were 637,449 qualified nurses, midwives and health visitors registered with the UKCC. The number of practitioners on the Register reduced by nearly two per cent (10,791) in the 12 months to the end of March 1998 (Table 1.4). This was the biggest decline ever reported and was mirrored across the UK.

Figure 1.1 Initial entries to the UKCC Register from abroad, 1989/90 to 1997/98



Source: IES/UKCC, Statistical analysis of the UKCC's professional register

Table 1.4 The 'pool' of registered nurses, 1991 to 1998 (at end March)

Year	No. of nurses on UKCC effective register	Change no.	Change %
1991	622,001	–	–
1992	633,119	11,118	1.8
1993	641,749	8,630	1.4
1994	638,361	-3,388	-0.5
1995	642,951	4,590	0.7
1996	645,011	2,060	0.3
1997	648,240	3,229	0.5
1998	637,449	-10,791	-1.7

Source: IES/UKCC, Statistical analysis of the UKCC's professional register

In England there were 330,620 wte nursing, midwifery and health visiting staff (excluding learners) employed in the NHS at September 1997. Three-quarters (246,010) were registered staff and one-quarter (84,020) were unregistered (*ie* nursing assistants and nursing auxiliaries). In addition there were some 10,080 wte practice nurses and 136,650 wte nurses (of whom 51,230 were registered) working in the independent sector.[1] The participation rate in nursing employment was estimated at 81 per cent. If we include those working in other nursing sectors, *eg* occupational health, armed forces, agency nursing, *etc.*, the participation rate was as high as 84 per cent.[2]

The population of registered practitioners who are actually available for nursing employment in the UK is reduced by three main factors. Firstly, 24,925 (four per cent) of those on the Register are recorded as resident abroad. Secondly, some 29,626 (4.7 per cent) of those on the Register are aged 60 or over. Thirdly, an unknown number of practitioners are employed in non-nursing work, although estimates range from eight to 16 per cent (Seccombe, Smith, Buchan and Ball, 1997; Lader, 1995).

The ageing of the Registered population is the most significant of these factors. In March more than one in four (26 per cent) of those on the Register were aged under 30; in March 1998 the comparable figure was one in seven (14 per cent). At the same time more than one in eight (73,663) of those on the Register were aged 55 or over (Figure 1.2).

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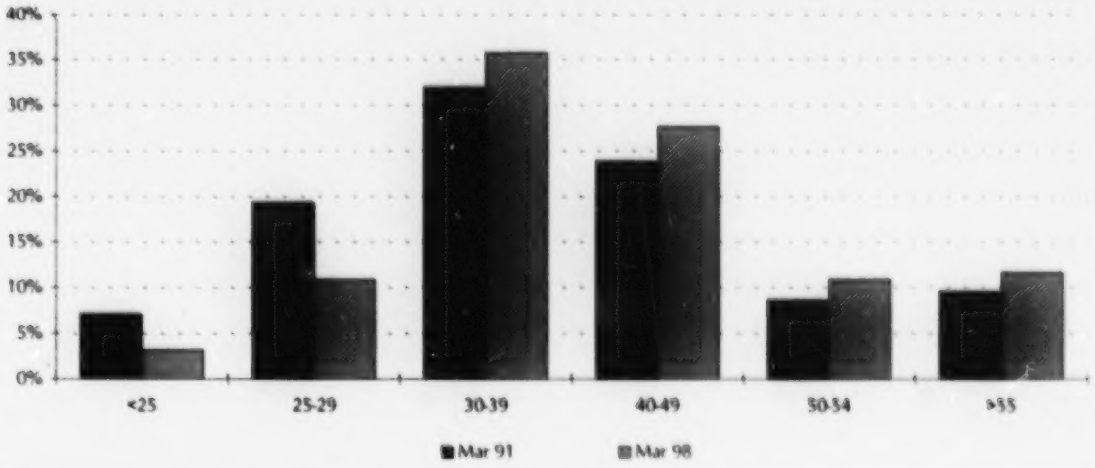
1 Department of Health (1998), *NHS hospital and community health services non-medical staff in England: 1987-1997*. Statistical Bulletin 1998/15, May.

2 The participation rate was estimated using that of Seccombe and Smith (1997). WTE figures were converted to a headcount figure for the numerator; the number of practitioners on the UKCC Register, resident in England at March 1997, was used as the denominator. Approximately four per cent of nurses work in other nursing sectors.

Figure 1.2 Age distribution of practitioners on the UKCC Register, March 1991 and March 1998

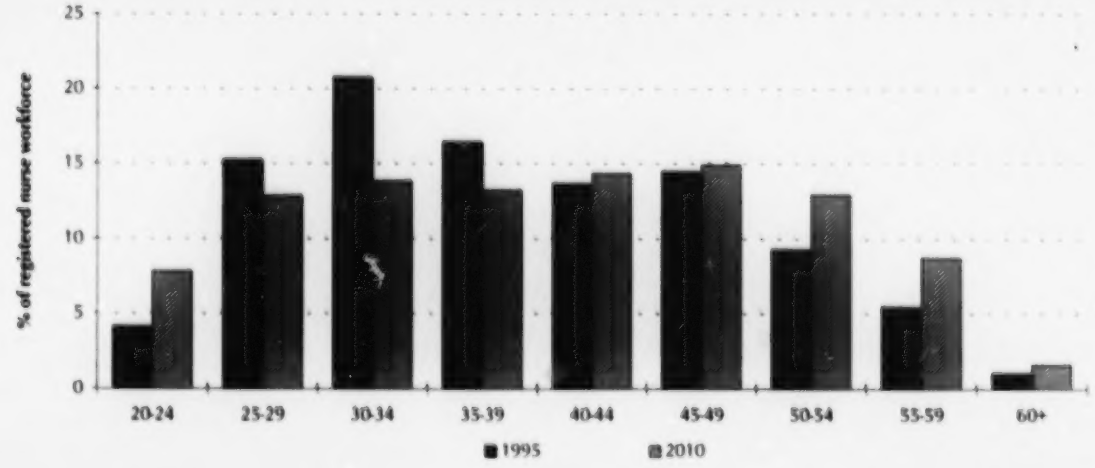


Source: IES/UKCC, Statistical analysis of the UKCC's professional register

As age is a major determinant of labour market behaviour, an 'ageing' workforce will have implications for planning, staff utilisation and priorities in reward strategy. Projections of the nursing workforce (Buchan, Seccombe and Smith, 1998) demonstrate that, by the millennium, almost half (49 per cent) of the nursing workforce in Great Britain will be aged over 40 (compared with 45 per cent in 1996). This proportion is forecast to rise to nearly 53 per cent by the year 2010 when one-fifth of all nurses will be aged over 50 (Figure 1.3).

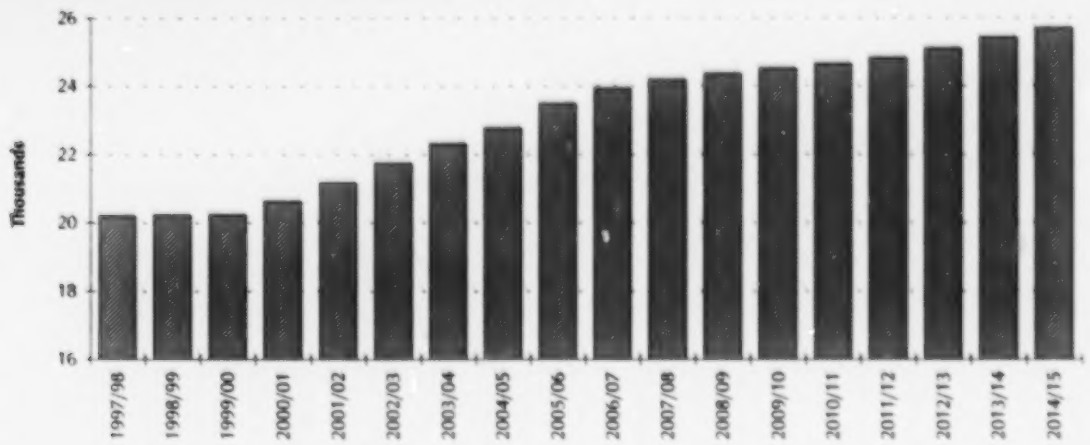
There has been a steady rise in 'wastage' from the Register, from 1.2 per cent (7,266) in 1990/91 to 4.2 per cent (27,173) in 1997/98. Little is known about the reasons why nurses do not renew their registration and the relative importance of different causes (*eg* death, injury, ill-health, retirement, emigration, dissatisfaction).

Figure 1.3 Registered nurses (wte) actual (1995) and forecast (2010) age distributions (GB)



Source: Buchan J, Seccombe I and Smith G, 1998

Figure 1. 4 Number (wte) of newly qualified entrants required to meet demand at current growth rates, 1997/98 to 2014/15 (GB)



Source: Buchan J, Seccombe I and Smith G, 1998

It is likely that these individuals have no immediate intention of practising as qualified nurses and so they do not form part of the pool.

Data on the numbers and characteristics of those on the ineffective Register is scarce, although we do know that a large proportion are aged over 55 and, therefore, unlikely to return to nursing. Since registration is renewable every three years, there is always a proportion of those on the effective Register who will already have left nursing and who have no intention of returning.

The level of retirements is projected to grow from around 5,500 a year in the late 1990s to over 10,000 a year by the middle of the next decade. As a consequence, in order to maintain the workforce at its current size, the number of new registrants entering employment would have to rise from an average of 21,000 a year between 1995 and 2005 to an average of 24,600 between 2005 and 2015. In order to meet this demand, the required level of intakes to pre-registration nurse education would have to rise from around 24,000 in 1997/98 to 31,000 by 2011/12. These projected intakes are roughly double the size of actual intakes in recent years, although they are very similar to actual intakes in the late 1980s. Note that the actual number of nurse education places commissioned in England in 1997/98 was approximately 16,000.[1]

Seccombe and Smith (1997) estimated that the pool of registered nurses, not in paid employment and aged under 60, was between 77,500 and 85,000. If those in non-nursing employment were included, the estimated pool would have been up to 92,300. This

[1] Department of Health, *Finance and Workforce Information Returns at March 1998*

pool represents between 13 and 16 per cent of practitioners on the UKCC Register (excluding those aged over 60 and living abroad). Not all of those in the pool are able to, or will want to, return to nursing. Given that the number of initial entries to the Register from training in the UK has fallen and that a substantial number of registrants are nearing retirement, the size of the pool is unlikely to grow over the short term. Furthermore, the number of returners from this pool may be comparatively small. In a survey of nurses, Lader (1995) found that only one-fifth (22 per cent) of those who were not currently in nursing employment, intended to return to nursing in the future. More than one-third (34 per cent) stated that they did not intend to return.

1.4 Family friendly and flexible working practices

The supply of nurses is contracting as the number of new entries to the Register declines and as a substantial proportion of registered nurses near retirement. The demand for healthcare continues to increase. Increasingly, employers have focused on the retention of their employees and improving recruitment and return to nursing. Family friendly and flexible working practices are the traditional solutions proposed to promote retention and return to nursing. In its evidence to the Review Body for 1998 the Department of Health described their five point action plan to improve the working conditions of NHS staff, in particular, the introduction of flexible employment policies and working practices to enable staff to reconcile work, family life and care responsibilities (Review Body, 1998).

Family friendly working practices describe the formal and informal arrangements designed to enable employees to combine family responsibilities with employment. Flexible working arrangements describe, in general, the working hours and working patterns which employers deploy to meet the work demands of their organisation. However, several flexible working arrangements are also family friendly. For example, parents of school age children may only work during term time.

The main types of family friendly and flexible working arrangements include:

- Assistance with child care, such as the provision of a workplace nursery or crèche; financial assistance with childcare costs, *eg* child care vouchers; after school play schemes; holiday play schemes.
- Leave, such as extra-statutory maternity leave; paternity leave; career breaks; special leave arrangements or carer's leave in which paid or unpaid time off work is taken at short notice. From 1999 the Parental Leave Directive will require employers to offer three months unpaid parental leave to employees plus time off for urgent family reasons.

- Flexible working arrangements including part-time working; term-time working; job sharing; non-standard working week, *eg* a nine day fortnight; annual hours.

It must be recognised that formal arrangements for flexibility mask a wide variety of informal arrangements such as swapping shifts or verbal agreement between colleagues to start work later or leave earlier. Holt and Thaulow (1996) described the informal arrangements that operated amongst nurses in an intensive care unit. Same day shift swapping was possible, the number of working hours could vary across the month, nurses' children could enter the workplace or phone the workplace, nurses could leave early or take time off at short notice for overtime worked. They concluded that the willingness to cover for one another resulted from a common understanding and awareness of personal family circumstances.

A recent report concluded that employers who failed to introduce job flexibility, which was sensitive to the needs of employees, would face a 'haemorrhage of experience' as staff reduced their hours or left (Bevan, Kettley and Patch, 1997). This research showed that the recruitment, performance, attendance and retention of employees could be enhanced if flexible and imaginative employment policies were adopted and practical care programmes implemented.

Commitment to family responsibilities has been misconstrued by some employers as a lack of commitment to the organisation. Research is revealing a pattern where quite the opposite is true (Equal Opportunities Review, 1997). Organisations that are prepared to be more flexible and supportive towards their workers are, more often than not, rewarded with greater commitment and increased productivity. It would seem that employees are, in general, more attached to organisations that offer family-friendly policies, regardless of the extent to which they might personally benefit from these policies.

The 1997 annual survey of the NHS labour market conducted by the Incomes Data Service (IDS) found that the use of family friendly policies was growing but that the number of employees benefiting from such policies remained small (IDS, 1997a). Just over one-third of NHS trusts had a staff nursery. Most had been opened within the last five years. One in three organisations operated a holiday play scheme for school age children. Very few organisations offered assistance with childcare costs and, where it was offered, assistance applied to a small proportion of employees. The most prevalent flexible working arrangement was job sharing with four-fifths of organisations offering it. However, the proportion of employees who job shared was very small, less than one per cent. Part-time working was more common than formal job sharing arrangements.

Another IDS study provides some examples of childcare assistance offered by several NHS trusts (IDS, 1997b). The provision of childcare was linked to their efforts to recruit and retain staff. For example, Taunton and Somerset NHS Trust established a workplace nursery in 1991 in order to meet the needs of women returning from maternity leave. The nursery had additional space to provide a holiday play scheme and out of school care. The holiday play scheme operated during school holidays while out of school care operated on all school days during the term. Children were taken from nursery premises to school and collected in the afternoon by a trust vehicle. The service was restricted to around six local schools. The Kings Lynn and Wisbech Hospitals NHS Trust also introduced a holiday play scheme, mainly for five to eight year olds, as a family friendly measure. Further, it helped reduce the number of staff taking annual leave during school holiday periods. As part of its aim to support working parents, Down Lisburn HSS Trust operates a workplace nursery as well as a holiday play scheme and after school scheme.

A study carried out by the Daycare Trust shows that few shift workers receive any childcare support from their employer (Daycare Trust, 1994). In most cases it is a spouse or partner or other family member who provides practical assistance with childcare. Opening hours of workplace nurseries or crèches may restrict the use to these facilities by nurses working shifts. The workplace nurseries provided by NHS trusts, and described above, operated between 7 am or 8 am and 6 pm. However, none were available at the weekend.

Increasingly, nurses report that they have caring responsibilities for dependent adults (Seccombe and Smith, 1997). A survey at the John Radcliffe Hospital NHS Trust showed that the full-time staff were reducing their hours, or leaving altogether, because of caring responsibilities, mainly for elderly relatives (Equal Opportunities Review, 1997). In an effort to improve recruitment and retention the Trust established a purpose-built centre for dependants of employees, regardless of age, through joint funding with the organisation that operates the on-site hospital nursery.

In Chapter 3, we describe the family friendly or flexible working arrangements available to NHS nurses responding to the 1998 IES/RCN survey. We also describe the take up of these arrangements.

1.5 Summary

The key findings in this chapter include:

- Entries to pre-registration nurse training courses reduced by 27 per cent over the 1990s.
- Applications for places on pre-registration courses reduced by seven per cent from the 1993/94 figure.

- Initial entries to the UKCC Register from pre-registration nurse education courses continue to decline.
- More than one in ten of those on the UKCC Register were aged 55 or over.
- The proportion aged 55 or over is forecast to rise to one in five by the year 2010 with retirements growing from 5,500 to over 10,000 by the middle of the next decade.
- Participation in nursing employment is estimated to be 84 per cent.
- The pool of registered nurses is relatively small at 13 to 16 per cent of practitioners on the UKCC Register.
- Family friendly and flexible working arrangements are the solutions proposed to improve recruitment and retention; the use of these policies may be growing but the number of employees benefiting from them remains small.

2. Respondent Profile

This chapter describes the demographic and employment characteristics of the survey respondents. These characteristics include country of residence, age and gender profile and employment characteristics.

These characteristics are important for two reasons. Firstly, they establish that the survey population is broadly representative of the registered nurse population as a whole. Secondly, previous research has shown that some of these characteristics play an important role in determining participation rates and influence the demand for different types of 'family friendly' working practices. These variables will be used in subsequent chapters for more detailed analyses.

2.1 Country of residence

Table 2.1 compares the distribution of survey respondents by country of residence with that of the UKCC Register (resident in the UK).

2.2 Age and gender profile

The age distribution of respondents was broadly similar to that of the UKCC Register. Chapter 1 reported that practitioners on the UKCC Register had aged. The survey data show that a corresponding shift has occurred in the age profile of RCN

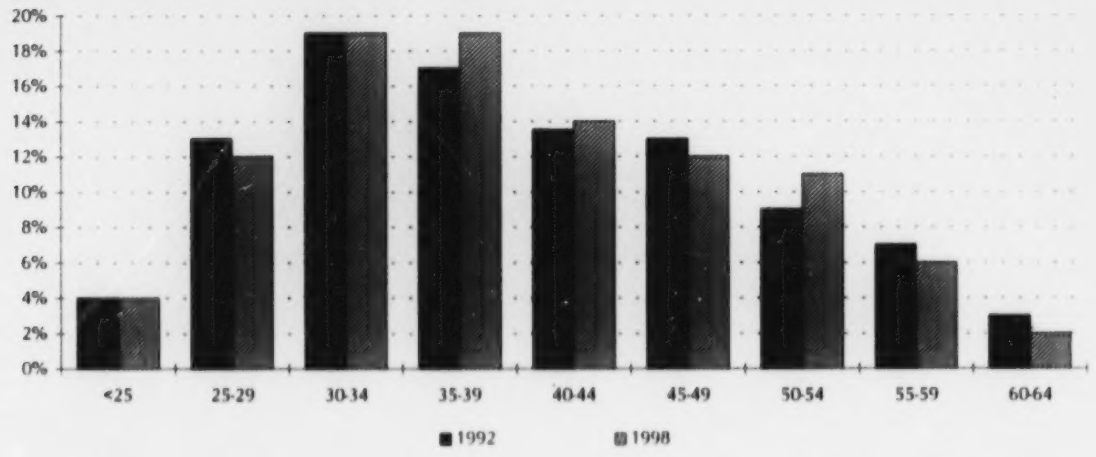
Table 2.1 Distribution of survey respondents by country of residence, compared with the UKCC Register (per cent)

	IES/RCN survey	UKCC Register *
England	80	80
Scotland	10.5	11
Wales	6	5
Northern Ireland	3	3.5
Base no.	*3,763*	*594,548*

** the proportion of those on the UKCC Register living in the UK, but with 'no post-code' recorded, have been excluded*

Source: IES; UKCC, Statistical analysis of the UKCC's professional register

Figure 2.1 Age profile of respondents, 1992 and 1998



Source: IES/RCN membership surveys

members (Figure 2.1). In 1992, for example, 30 per cent of respondents were aged under 30, compared with 16 per cent in 1998. One in seven (15 per cent) respondents was aged over 50 in 1992. This figure was 20 per cent in 1998.

The average age of all respondents was 39.6 years. NHS nurses were younger than their counterparts outwith the NHS. The average age of NHS nurses was 38.5 years, compared with 42.4 years for nurses in the private sector and 44.8 years for GP practice nurses.

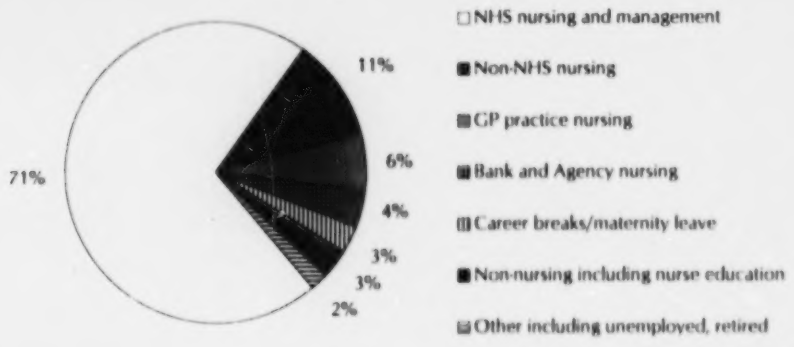
Seven per cent of all respondents were male. The average age of male respondents was slightly lower than that for female respondents, 39.6 and 39.0 years respectively.

Nearly all (92 per cent) of the male respondents, employed in nursing, worked full time, compared with three-fifths (60 per cent) of female respondents.

2.3 Employment characteristics

The majority (92 per cent) of respondents were employed in nursing (Figure 2.2.) This figure has remained fairly static over successive surveys; in 1994 93 per cent of respondents were employed in nursing. The majority (78 per cent) of nurses were employed within the NHS while the remainder worked in the non-NHS (private) sector (11 per cent), practice nursing (six per cent) and bank or agency nursing (four per cent). Again, there has been little change in this distribution over five successive surveys. For example, in 1994 76 per cent of nurses worked in the NHS.

Figure 2.2 Employment status of respondents



Source: IES, 1998 RCN membership survey

Eighty per cent of the NHS respondents were employed in hospitals and one in six (16 per cent) were employed in the community. The remainder worked in hospices, schools or nursing homes. One in nine (11 per cent) nurses were employed in the non-NHS sector. Of these, just under half (48 per cent) worked in nursing or residential homes and one-quarter in hospitals.

A broad range of specialties were represented among nurse respondents (Table 2.2). There was variation across the employment sectors. For example, a higher proportion of NHS nurses reported working in acute adult care (47 per cent) than those in the non-NHS sector (29 per cent). Not surprisingly, a large minority (44 per cent) of non-NHS nurses worked in elderly care, compared with the NHS sector (eight per cent).

2.4 Employment contracts

The 1998 IES/RCN survey showed that overall nine in ten (91 per cent) nurses were employed on permanent contracts. The remainder were employed on temporary (five per cent), bank (three per cent) or agency contracts (one per cent).

Table 2.2 Broad specialty of nurse respondents

	%
Acute adult care	41
Primary care	18
Elderly care	12
Paediatrics	6
Mental health	6
Other *	17
Base no.	*3,473*

* includes occupational health, management, women's health, etc.

Source: IES, 1998 RCN membership survey

Table 2.3 Average number of years in current employment, by employment sector

	mean
NHS	9.1
Non-NHS	4.9
GP practice nursing	7.2
All nurses	8.4
Base no.	*3,366*

Source: IES, 1998 RCN membership survey

A slightly higher proportion (six per cent) of nurses in the non-NHS sector were employed on temporary contracts compared with those employed in the NHS (four per cent). A higher proportion of newly qualified nurses in the NHS, that is those who qualified between 1996 and 1998, were employed on temporary contracts (nine per cent) compared with those who qualified prior to 1996 (three per cent). Note that just under one-quarter of the newly qualified on temporary contracts reported that they had worked for their employer for more than 12 months.

2.5 Time in employment

Nurse respondents were asked to indicate the length of time that they had worked for their employer as a registered nurse. Over half (54 per cent) reported that they had worked for their employer for more than five years; the average number of years was 8.4 (Table 2.3). There was variation across employment sectors. In particular, 71 per cent of non-NHS nurses reported that they had worked for their employer for less than five years, reflecting continued growth in this sector and movement between it and the NHS (see Chapter 3). Two-thirds (66 per cent) of GP practice nurses reported that they had worked for their employer for more than five years compared with 57 per cent of NHS nurses as a whole. This corresponds with the big increase in practice nurse numbers between 1988 and 1990.

2.6 Caring responsibilities

The majority of respondents who were employed in nursing had caring responsibilities, either for dependent children (40 per cent), dependent adults (14 per cent) or both (four per cent). Of those with dependent children, half (53 per cent) had pre-school age children. In 1994 nearly three-fifths (58 per cent) had caring responsibilities, either for dependent children (51 per cent), dependent adults (16 per cent) or both (eight per cent).

A smaller proportion of those who were newly qualified, *ie* qualified as a registered nurse between 1996 and 1998, had caring responsibilities. One in five (21 per cent) had caring responsibilities for dependent children. The figures for those

Table 2.4 Nurses with caring responsibilities, by employment sector

	Dependent children %	Dependent adults %	Both %	Base no.
NHS nursing	40	14	4	*2,658*
Non-NHS nursing	34	13	6	*403*
GP practice nursing	51	18	3	*214*
Bank and agency nursing	49	17	5	*133*

Source: IES, 1998 RCN membership survey

with caring responsibilities for adults or both were six per cent and two per cent respectively.

Caring responsibilities varied by employment sector as shown in Table 2.4.

The respondent profile data are consistent with data from the UKCC and with findings of previous IES/RCN surveys of RCN members conducted by IES. We are therefore confident in drawing wider inferences between the survey respondents and the wider population of registered nurses, and that they are representative of the RCN membership as a whole.

3. Retaining Nurses

Concern about nursing shortages, the ability of the NHS to recruit and to retain nursing staff and the supply of entrants to pre-registration nurse training have continued throughout 1997-98. This is despite the fact that the annual manpower survey conducted by the Office of Manpower Economics, and the only official source of data on nursing vacancies, joiners and leavers, showed a slight decline in both turnover and vacancy rates for registered nurses between 1995-96 and 1996-97.[1] These figures are collated from a survey of trusts, of which more than one-third did not respond. (Note that in some regions half the trusts did not respond.)

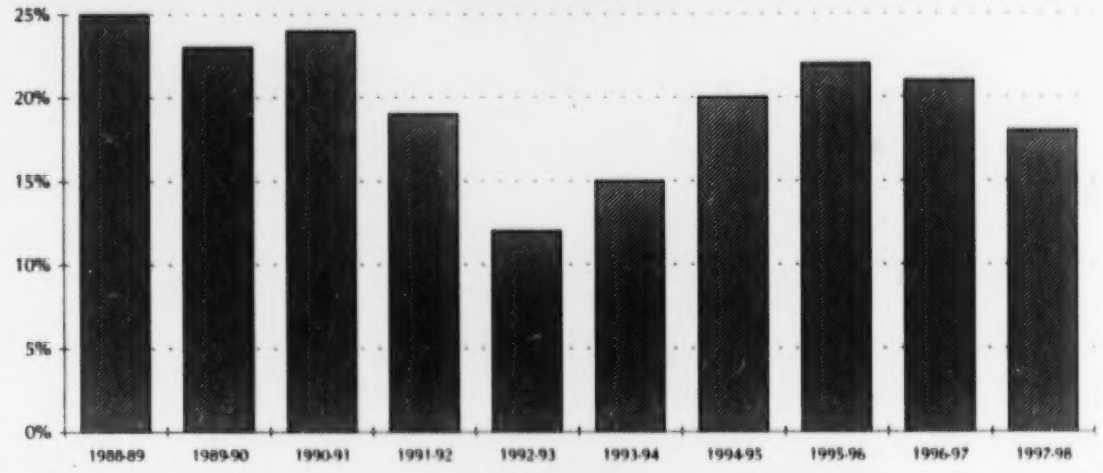
This chapter provides independent evidence of the level of job change among NHS nurses, continuing a consistent data series started ten years ago. There are six main parts to the chapter. First, we chart the turnover and wastage of NHS nurses over the 12 months prior to the survey. Second, we explore the flows in and out of nursing labour markets over the present decade. Third, we survey the extent to which the NHS is able to attract newly qualified nurses. Fourth, we report the factors which nurses say would reduce their likelihood of leaving the NHS. Fifth, we consider future job change intentions and the likelihood that those currently outside of nursing will return to NHS employment. Finally, we conclude by mapping the provision of family friendly and flexible working arrangements within the NHS.

3.1 NHS turnover and wastage

One in six (18 per cent) NHS nurses reported that they had changed jobs, or stopped working, during 1997-98. This turnover figure is lower than that reported in the 1996-97 and 1995-96 surveys when turnover was 21 per cent and 23 per cent respectively (Figure 3.1). This figure includes nurses changing jobs within the NHS (three-quarters of all job changes), moving from NHS to non-NHS and non-nursing jobs, and leaving paid employment altogether. The reduction in turnover may be the result of a slow-down in the growth of the non-NHS sector. For

[1] The three month vacancy rate fell from 2.2 per cent to 2.0 per cent and the turnover rate fell from 12.9 per cent to 11.8 per cent. See: Review Body (1998).

Figure 3.1 Turnover among NHS nurses, 1988 to 1998



Source: IES, 1998 RCN membership survey

example, between 1990/91 and 1992/93 the number of registered nurses working in the private sector in England rose by 30 per cent from 37,311 wte to 48,545 wte. Since then growth has slowed to less than two per cent, from 50,465 wte in 1994/95 to 51,230 wte in 1997/98.[1]

Data from the IES/RCN panel survey showed a similar reduction in turnover within the NHS, from 24 per cent during 1996-97 to 19 per cent during 1997-98.

While overall turnover is reducing, the survey shows a slight rise in the wastage rate (that is, those leaving the NHS) from four per cent in 1996-97 to 4.6 per cent in 1997-98. This should be regarded as a minimum figure since those leaving the NHS may well leave RCN membership at the same time. Data from the IES/RCN panel survey, which are likely to be more reliable in this instance, showed a higher proportion (seven per cent) leaving the NHS during 1997 to 1998. One-third of these nurses left to take up posts in the non-NHS sector, practice nursing or bank nursing. More than one-quarter of these leavers were on statutory maternity leave.

Nearly half (46 per cent) of those who left the NHS remained in nursing jobs. Most of these leavers went into the non-NHS nursing sector (27 per cent of all leavers), bank nursing (12 per cent), GP practice nursing (seven per cent). It is likely that most of those in bank nursing are working for the NHS. Other leavers were those taking a career break (12 per cent), statutory maternity leave (seven per cent), retirement (seven per cent), nurse education (six per cent) and non-nursing work (six per

[1] Department of Health Annual Return KO36: Private Hospitals, Homes and Clinics registered under Section 23 of the Registered Homes Act 1984.

Table 3.1 Employment status in 1991 and 1998 (per cent)

Employment sector in 1998	Employment sector in 1991				
	NHS nursing	Non-NHS nursing	GP practice nursing	Non-nursing employment	No paid employment
NHS nursing	81	23	6	53	46
Non-NHS nursing	6	52	3	16	11
GP practice nursing	>2	>4	82	–	11
Bank/Agency	3	8	2	11	18
Non-nursing employment	1	>3	1	11	4
No paid employment	>1	1	–	–	7
Other	6	9	6	9	3
Base no.	*2,301*	*342*	*186*	*33*	*48*

Note: data are for those who registered in 1991 or earlier

Source: IES, 1998 RCN membership survey

cent). These nurses are not necessarily lost to the NHS. Those on statutory maternity leave or career breaks may return and, as Table 3.1 shows, there is considerable movement between NHS and non-NHS nursing employment.

3.2 Returning to the NHS

Comparing the employment sectors of respondents in 1991 and 1998 (excluding anyone who was not registered in 1991) shows, for example, that just under half (48 per cent) of those in non-NHS nursing jobs in 1991 were in a different employment sector in 1998 and that 48 per cent of those who were no longer in the non-NHS sector had moved to the NHS. These data also show much higher retention of nurses within the NHS overall, than in other sectors. Over 80 per cent of those who were in NHS nursing in 1991 were still in NHS employment in 1998, with little or no movement between other sectors during this period. Six per cent had moved to non-NHS nursing jobs, three per cent were doing bank and agency work and three per cent were on statutory maternity leave or career breaks.

These data also show the comparative success of the NHS in recruiting nurses from the pool of those who were not in paid employment in 1991: almost half (46 per cent) were in NHS nursing jobs in 1998 with a further 18 per cent doing bank work (much of which will be done within the NHS).

The IES/RCN panel survey data showed that more than one in eight (n=150) of those working in non-NHS nursing jobs in 1996 had entered NHS employment by 1998.

Table 3.2 Proportion of each registration year cohort in NHS employment in year of registration and subsequent year, 1991 to 1997 (per cent)

	Year first registered						
	1991	1992	1993	1994	1995	1996	1997
1991	94.2						
1992	93.1	88.2					
1993		80.8	88.3				
1994			86.1	88.0			
1995				82.7	79.5		
1996					89.1	83.7	
1997				.		92.4	79.0
1998							89.6

Source: IES, 1998 RCN membership survey

3.3 New qualifiers

More worrying for the NHS is the fact that on average about ten per cent of those who qualify and register as nurses each year do not go on to work for the NHS (Table 3.2). Four-fifths (79 per cent) of those who registered as a qualified nurse for the first time in 1997 went into NHS employment in that year. This compares with 94 per cent of those who first registered in 1991. This decline may, in part at least, be explained by the fact that most Project 2000 students qualify later in the year than under the previous education system. Employment destinations in the year after first registration may therefore be a better guide. This data shows that 93 per cent of those who first qualified in 1991 were in NHS employment in 1992. The comparable figures for the NHS employment in 1998 of those registering in 1997, is 89 per cent. While much attention has been given to student drop-out rates, there has been little investigation of the employment decisions of newly qualified nurses.

3.4 Reducing wastage

Nurses who left the NHS in 1997-98 were asked to indicate which, from a list of 14 influencing factors, might have reduced the likelihood of their leaving. Table 3.3 shows the proportion who agreed with each item. The responses of this group mirror the responses of nurses who did not change jobs but were asked what would reduce the likelihood of their leaving.

These data show considerable support among recent NHS leavers for opportunities to develop skills (86 per cent), improved promotion prospects (81 per cent), career structures (77 per cent) and greater availability of flexible working hours (75 per cent). These are factors which might be more amenable to intervention by trust managers. Messages for the NHS as whole

Table 3.3 Reducing wastage from the NHS: what recent leavers say

	%
Provision of crèche/day care facilities for pre-school children (those with pre-school children only)	85
Greater availability of part-time working	60
Improved promotion prospects	81
Better resources to do the job	93
More opportunities for developing skills	86
Greater availability of job shares	42
Reduced workload	81
Better career structure	77
Provision of after-school childcare (those with school age children)	50
School holiday childcare provision (those with school age children)	50
Support for care of elderly relatives (those with caring responsibilities)	39
Greater availability of flexible working hours	75
Better pay	88
Career break arrangements, including right of return	68
Other, eg better management, being valued, tackling racism	10

Source: IES, 1998 RCN membership survey

are however, that almost all (93 per cent) of these leavers pointed to 'better resources to do the job' and better pay (88 per cent) as factors which would have reduced their likelihood of leaving. When asked to indicate the single most important factor which would have reduced the likelihood of their leaving, the majority of NHS leavers cited better resources to do the job (30 per cent), better pay (20 per cent) and greater availability of flexible working hours (eight per cent). Others cited crèche or day care facilities (seven per cent), career break arrangements (six per cent), greater availability of job share (three per cent), more part-time working (two per cent) and after school child care (one per cent).

Some interventions which are frequently highlighted in retention strategies appear less popular amongst this group of nurses. For example, only half of those with school age children said that school holiday childcare provision or after school childcare would have reduced the likelihood of their leaving.

In contrast, 85 per cent of those with pre-school age children indicated that provision of crèche/day care facilities would have reduced the likelihood of their leaving. In practice this may not be true if the cost and access to such facilities is not improved. One in six NHS nurses had pre-school age children, of these one-third reported that they had access to a workplace nursery or

crèche. The remainder reported that they did not have, or did not know if they had, a workplace nursery or crèche. Of those with access to such facilities, only one in four made use of them. The two main reasons given by those who did not use them were cost (mentioned by 34 per cent) and failure to fit in with working hours (23 per cent).

3.5 Future job change

As in previous IES surveys, nurses were asked to indicate the extent to which they agreed or disagreed with the statement: *'I would leave nursing if I could'*. In 1993 one-quarter (25 per cent) of NHS nurses agreed or strongly agreed with this statement. By 1995 the proportion agreeing had risen to 37 per cent and has remained relatively unchanged since. In 1998 the proportion who agreed or agreed strongly with this statement was 36 per cent.

As last year, the proportion agreeing with the statement is higher (37 per cent) among hospital based nurses than those working in the community (29 per cent). The proportion agreeing with this statement tended to reduce with grade: 40 per cent of E and 42 per cent of F grades agreed compared to 36 per cent of G and 26 per cent of H grades: suggesting that retention efforts should focus at least as much on those in the lower clinical grades as it does on higher grades. Controlling for these grade differences, there is still a substantial difference in responses between hospital and community nurses. For example, at staff nurse level, 20 per cent of those in the community agreed with the statement compared with 37 per cent of those working in hospital services. Within the hospital sector, the highest proportions saying that they would leave if they could were in theatres (49 per cent), critical care (39 per cent) and children's acute nursing (37 per cent).

A similar proportion (37 per cent) of NHS nurses agreed with the counter-statement: *'I would not want to work outside nursing'*. This continues the downward trend in responses to this statement noted in each annual survey since 1993 when 59 per cent agreed. A higher proportion (41 per cent) of those who have worked in NHS nursing for more than five years agreed with the statement than amongst those more recently recruited (31 per cent), suggesting that retention efforts need to focus more clearly on this group.

One-quarter (25 per cent) of NHS nurses said that they were currently seeking a change of job. This is somewhat higher than amongst those in non-NHS nursing (19 per cent) and practice nursing (12 per cent). The largest share (85 per cent) of those NHS nurses seeking a job change were looking for a new job within the NHS, with only ten per cent looking for non-NHS or agency nursing work. These figures would tie in with actual

Table 3.4 Single most important factor reducing likelihood of leaving nursing (NHS nurses)

Reason	%
Better pay	31
Better resources to do the job	18
Reduced workload	10
Improved promotion prospects	8
Greater availability of flexible hours	6
Better career structure	5
More opportunities for developing skills	5
Base no.	*2,438*

Source: IES, 1998 RCN membership survey

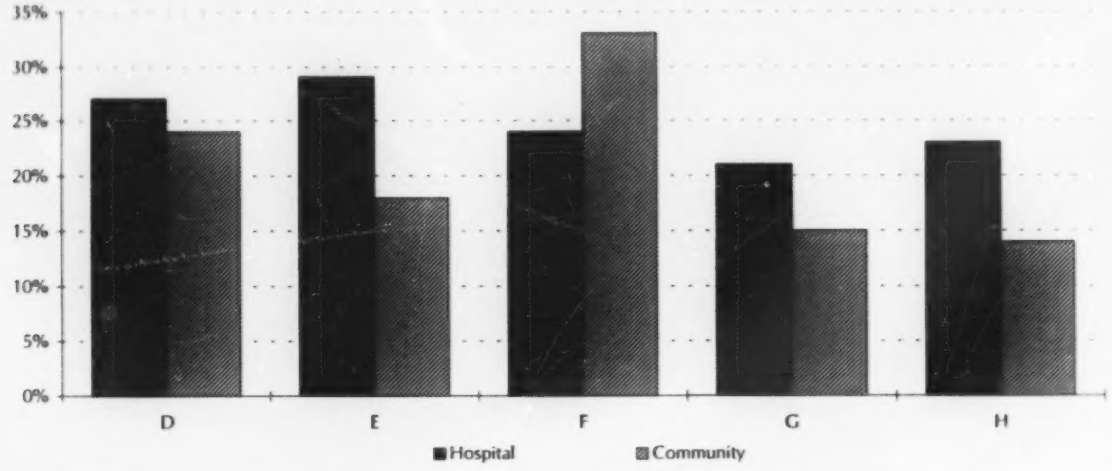
rates, and directions, of job change reported above. Data from the 1997 IES/RCN panel survey showed that one in five (20 per cent) NHS nurses said they were seeking a change of job. By 1998 more than one-third of these nurses had changed jobs, most within the NHS.

NHS nurses were asked to indicate the single most important factor which would reduce their likelihood of leaving. Table 3.4 shows that pay was cited by almost one-third of respondents, followed by better resources, reduced workloads and improved promotion prospects. There was little difference in the responses of those based in hospitals and the community, with the exception of 'better pay'. One-third (33 per cent) of hospital nurses cited better pay as the most important factor in reducing the likelihood of their leaving nursing, compared with one-quarter (24 per cent) of community nurses.

Of the NHS nurses seeking a new job, the largest proportion of those working full time were seeking full-time nursing work (48 per cent) or non-nursing work (20 per cent). Only six per cent of these nurses wanted part-time, or occasional, nursing employment — suggesting that the provision of more part-time work should not necessarily feature high in trust's retention strategies for full time nursing staff. Among those currently working part time 15 per cent were looking for a full-time nursing job and 44 per cent for another part-time nursing job.

Overall, a higher proportion (26 per cent) of hospital based NHS nurses were planning to change jobs in the next year than community nurses (19 per cent), with the exception of those community nurses graded F. One-third of F grade community nurses planned to change jobs compared with a quarter of F grade hospital nurses (Figure 3.2). Note that the number of NHS nurses in community posts at grade F was very small (n=26), compared with those in hospital (n=257).

Figure 3.2 NHS nurses planning to change jobs in the next year, by grade and employment location

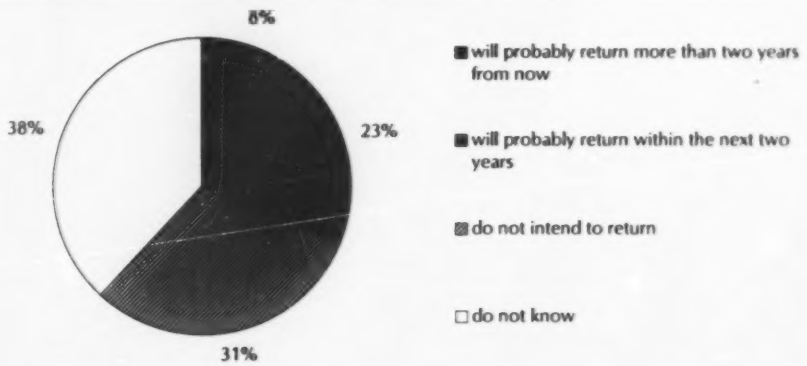


Source: IES, 1998 RCN membership survey

3.6 Returning to nursing

Those respondents (n=102) who were currently not in nursing employment were asked to indicate their future nursing career intentions (Figure 3.3). Of these, less than one-quarter said that they would probably return to nursing employment; most within the next two years. Nearly two-fifths were unsure whether they would return or not and one in three said that they did not intend to return. Future intentions appear to relate closely to age. Of those aged 50 and over (one-quarter of those not currently in nursing), one in three said that they did not intend to return to nursing while one in three said that they would return. The figures for those aged 35 to 49 are not dissimilar: one in three said that they expected to return, while one in four would not.

Figure 3.3 Career intentions of those not currently in nursing employment



Source: IES, 1998 RCN membership survey

Attention needs to be focused on the non-nursing pool which is currently uncertain about returning to nursing, of whom two-fifths (n=39) were aged under 40.

Despite the fact that a significant proportion of nurses say that they would leave nursing if they could, and the increase in the proportion who would work outside nursing, only one per cent of nurses said that they did not intend to renew their UKCC registration when it is next due. All but two of these nurses gave retirement as their reason for non-renewal. Nearly two-thirds agreed with the statement that: *'I think nursing is a rewarding career'*.

3.7 Family friendly and flexible working arrangements

In section 3.4 we reported on the factors which might have reduced the likelihood of nurses leaving the NHS. More than one in seven cited flexible working hours, including part-time working and job shares, as the single most important factor which might have influenced their decision. Even fewer (eight per cent) cited the provision of childcare facilities, *eg* crèche or after school care. In this section we report on the availability of family friendly and flexible working arrangements and their take up by NHS nurses. (Note that childcare provision and its take up is discussed in Section 3.4.)

Nurse respondents were asked to indicate what, if any, family friendly or flexible working arrangements were provided by their employer. The provisions made by NHS employers are presented in Table 3.5. Job sharing was the most prevalent flexible work arrangement provided by NHS employers, yet where available, only six per cent of nurses reported that they had made use of it. In Chapter 5 we describe the working patterns of nurse respondents. Only two per cent of NHS respondents reported that they had a job share or worked occasional hours.

One-third (33 per cent) of nurses reported that their employer provided flexible working arrangements and where this was provided nearly half made use of it.

More worrying is the proportion of nurses who reported that they did not know if arrangements were available within their organisations. If we control for caring responsibilities we find that those with caring responsibilities were more likely to know about family working arrangements. For example, 11 per cent of NHS nurses with dependent children reported that they did not know whether financial help with childcare was available, compared with 29 per cent of those without dependent children. Increased publicity of these arrangements may increase the uptake of what is on offer by employers.

Table 3.5 Availability of family friendly and flexible working arrangements: NHS nurses (per cent)

	Availability		Take up*
	Yes	Don't know	
Workplace crèche or nursery	28	10	25
Financial help with childcare	1	21.5	33
Special shift arrangements for parents	13	15	15
After school play schemes	1	16.5	–
Holiday play schemes	13	17	34
Day care for dependent adults	1	17	22
Carer's leave arrangements	27	30	46
Career break schemes	18	37	6
Retainer schemes	3	51	18
Job sharing	62	14	6
Special shifts	24	22	23
Flexible working hours	33	15	47

* Describes the take up of these arrangements, where provision was made by employers, and if applicable to respondents, *ie* had caring responsibilities for dependent children or adults

Source: IES, 1998 RCN membership survey

3.8 Summary

The key findings in this chapter are:

- Turnover was reduced from 22 per cent in 1996-97 to 18 per cent in 1997-98.
- There was a slight rise in wastage from the NHS; nearly half of these respondents remained in nursing.
- Better resources to do the job, better pay and greater availability of flexible working hours were cited as the three main factors which would have reduced the likelihood of respondents leaving nursing.
- More than one-third of NHS nurses reported that they would leave nursing if they could.
- One-quarter of NHS nurses were seeking a change of job.
- NHS nurses cited better pay, better resources to do the job and reduced workloads as the three main factors which would reduce the likelihood of their leaving nursing.
- Less than one-quarter of those not currently employed in nursing intend to return.
- The widespread availability of family friendly and flexible working practices was poor and where these arrangements existed, take up was generally low.

4. Clinical Grading and Pay Satisfaction

The main recommendation from the 1998 Review Body was for a 3.8 per cent increase over the 1997-98 national salary scales (Review Body, 1998). However, for the second year the pay award has been staged by the government, with two per cent paid from April followed by 1.8 per cent from December 1998. In effect, this means that nurses will get an increase of only 2.6 per cent over 12 months.

The Review Body also expressed concern at the apparent lack of career progression for nurses on higher grades, due in part it said to trusts cutting back on higher graded posts and the constraints of the grading structure itself. The Review Body contend that there is little, if any, scope to reward those who take on additional tasks or responsibilities, or who acquire new skills or competencies. Consequently, they recommended the addition of three discretionary increments above the top of the existing F, G, H and I pay scales *'to reward those who merit it'* (para 75).

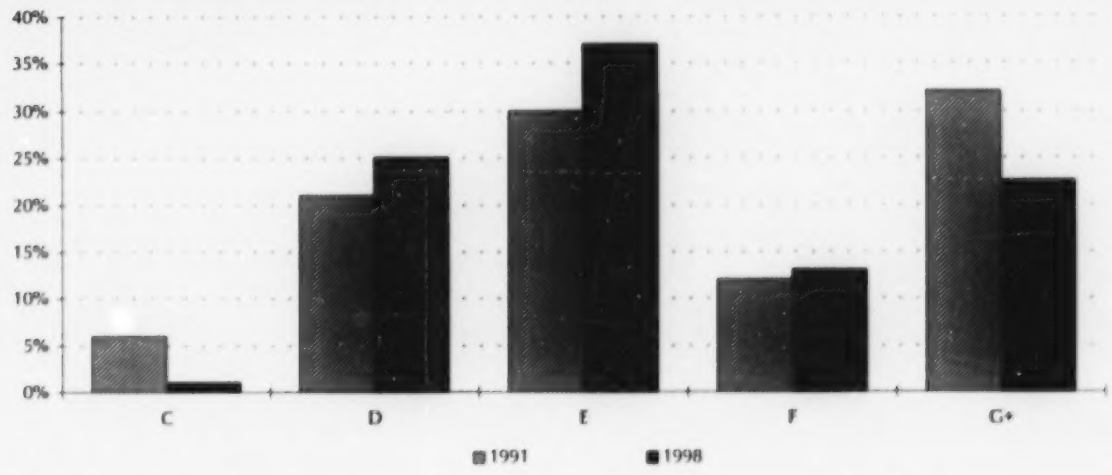
The Review Body also linked career progression and retention. It states: *'We are also conscious that limitations on the scope for career progression can have an adverse impact on recruitment and retention'* (para 73). The introduction of three discretionary increments *'would go some way towards improving the scope for career progression within the current pay structure . . . '* (para 75). Nurses in other grades, however, may also have acquired new skills, competencies and tasks which equally go unrewarded within the current pay structure.

There are three main parts to the chapter. First, we consider changes in the profile of NHS nurses by clinical grade. Secondly, we examine the level of satisfaction with pay among NHS nurses in 1998, and we compare these responses with previous surveys. Thirdly, we consider pay and career progression in light of the Review Body recommendations for discretionary increments for those on higher grades.

4.1 NHS nurses' pay

There has been little movement away from the national pay structure. The overwhelming majority (96 per cent) of NHS nurses reported that they were employed on clinical grades. However, the survey data continue to show a decline in the proportion of nurses employed in posts at grade G or above.

Figure 4.1 Distribution of NHS nurses, by clinical grade in 1991 and 1998



Source: IES/RCN membership surveys

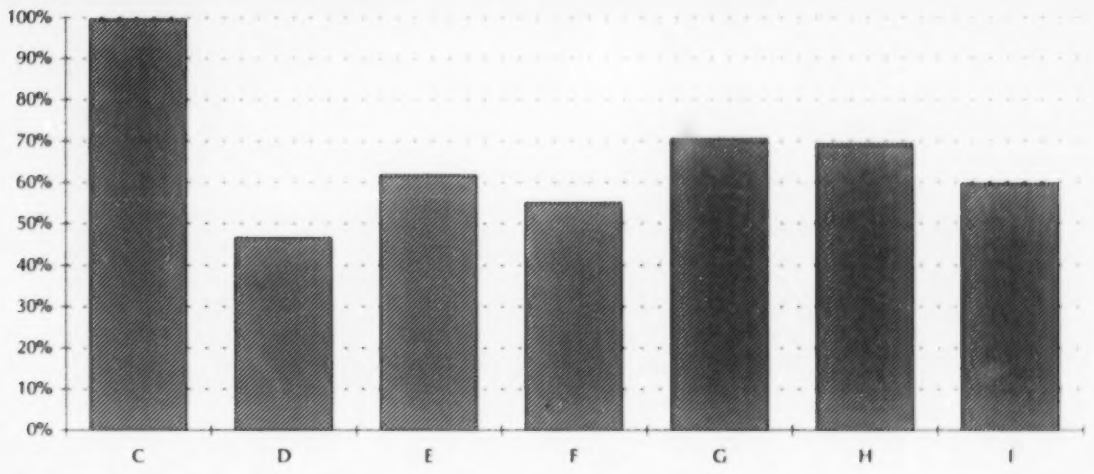
Figure 4.1 shows the shift in clinical grading during the 1990s. It compares the distribution of NHS nurses by grade in 1998 with the survey data for 1991. The proportion of NHS nurses employed in posts at grade G or above had declined from around one-third (32 per cent) to less than one-quarter (23 per cent) in 1998. Over the same period, the proportion in D and E grade posts had risen from 51 per cent to 62 per cent.

The survey data continue to demonstrate that a high proportion of NHS nurses are on the top increment point of their pay scale and, therefore, do not receive any additional annual incremental increase. Three-fifths (59 per cent) of nurses reported that they were on the top increment of their scale.

The Review Body reported that 49 per cent of nurses on grade F and 75 per cent of nurses on grades G, H and I were on the top increment point of their Whitley pay scale. The figures quoted by the Review Body are not dissimilar to those found in the 1998 IES/RCN survey (Figure 4.2). Seventy per cent of those on grades G, H or I and 55 per cent of those on grade F were on the top increment. The Review Body does not report the figures for other grades. The 1998 IES/RCN survey data showed that of those in posts at grade E, 62 per cent were on the top increment, compared with 48 per cent of those in grade D posts. Note that those in posts at grade C are based on small numbers and may not be reliable. However, a large survey of enrolled nurses in January 1995 found that 83 per cent of those on grade C and 86 per cent of those on grade D were on the top increment (Seccombe, Smith, Buchan and Ball, 1997).

Data from the IES/RCN panel survey showed little change in the clinical grading of NHS nurses between 1996 and 1998. In 1996 two-thirds of NHS nurses in posts at grades D to G were on the top increment of their scale. By 1998 only 16 per cent of these

Figure 4.2 Proportion of NHS nurses on the top increment, by grade



Source: IES, 1998 RCN membership survey

nurses were on a higher grade. The majority (81 per cent) remained on the same grade while two per cent were on a lower grade. Table 4.1 shows the proportion of NHS nurses at each clinical grade in 1996 and 1998. For example, 65 per cent of those at grade D in 1996 remained at grade D in 1998. (Note that the data for those on grades C, H and I in 1996 were very small and, therefore, are not shown.)

4.2 Pay satisfaction

This section considers the survey data on NHS nurses' attitudes towards their pay by examining pay satisfaction over successive surveys. Survey respondents were asked to indicate the extent to which they agreed or disagreed with three statements about their pay.

These statements were:

Table 4.1 Clinical grade of NHS nurses in 1996 and 1998 (top of the scale in 1996) (per cent)

	Grade in 1996			
Grade in 1998	**D**	**E**	**F**	**G**
C	1			
D	65	1	2	<1
E	30	80		2
F	4	12	87	2
G		5	11	91
H		<1		4
Base no.	*81*	*162*	*54*	*120*

Source: IES/RCN panel survey

- *'I could be paid more for less effort if I left nursing.'*
- *'Considering the work I do I am paid well.'*
- *'NHS nurses are paid poorly in relation to other professional groups.'*

Two-thirds (68 per cent) of NHS nurses agreed with the statement: *'I could be paid more for less effort if I left nursing'*. This was particularly true of newly qualified nurses. More than four-fifths (86 per cent) of those who qualified between 1996 and 1997 agreed with the statement, compared with two-thirds (66 per cent) of those who qualified before 1996.

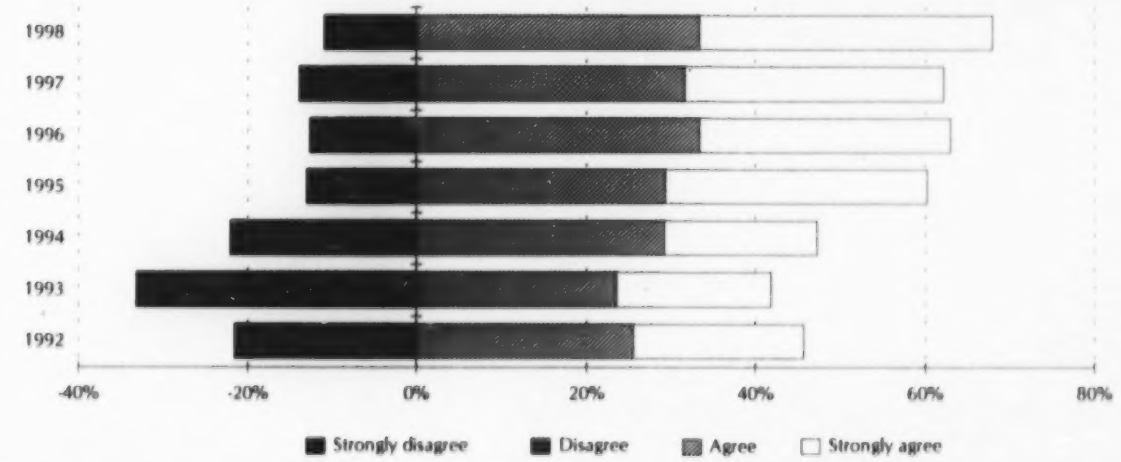
There were small differences in the responses of NHS nurses working in hospital and community settings. Sixty-nine per cent of hospital based nurses agreed with the statement compared with 63 per cent of community nurses.

A higher proportion (70 per cent) of nurses working full time agreed with the statement compared with those working part time (62 per cent). There were also differences by shift pattern. The majority (87 per cent) of nurses working 12 hour shifts agreed with the statement compared with 70 per cent of those working full rotation and 62 per cent of those working days only.

In 1992 the proportion of NHS nurses who agreed with the statement: *'I could be paid more for less effort if I left* nursing' was 45 per cent (Figure 4.3). This figure rose to 60 per cent by 1995 and remained fairly stable over two successive surveys. By 1998 the proportion who agreed with the statement had risen further (68 per cent).

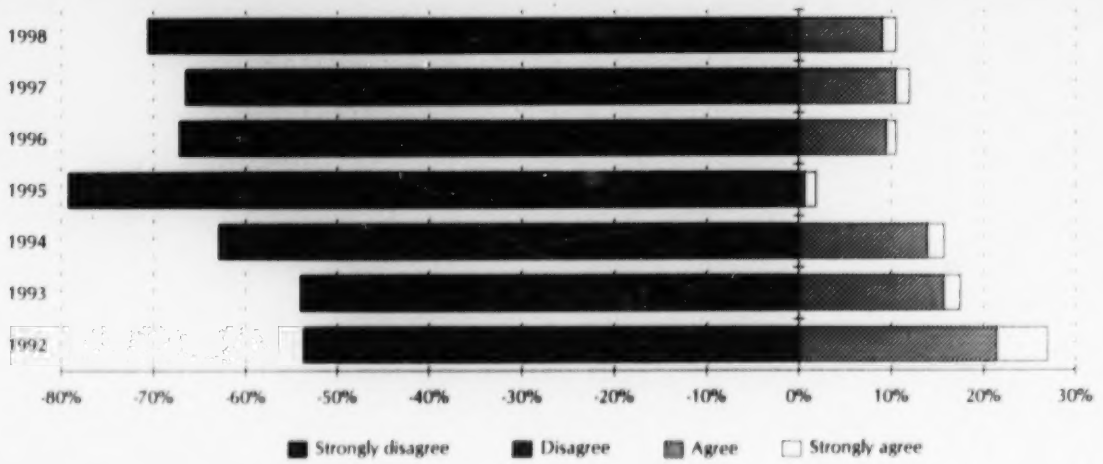
The pattern of response was broadly mirrored by those working in non-NHS sectors. Sixty-three per cent of non-NHS nurses

Figure 4.3 'I could be paid more for less effort if I left nursing': NHS nurses (1992 to 1998)



Source: IES/RCN membership surveys

Figure 4.4 'Considering the work I do, I am paid well': NHS nurses (1992 to 1998)



Source: IES/RCN membership surveys

agreed that they could be paid more for less effort if they left nursing. However, there were differences amongst these nurses. For example, a higher proportion (67 per cent) of hospital based nurses agreed with the statement compared with 63 per cent of those based in nursing/residential homes and 60 per cent of GP practice nurses.

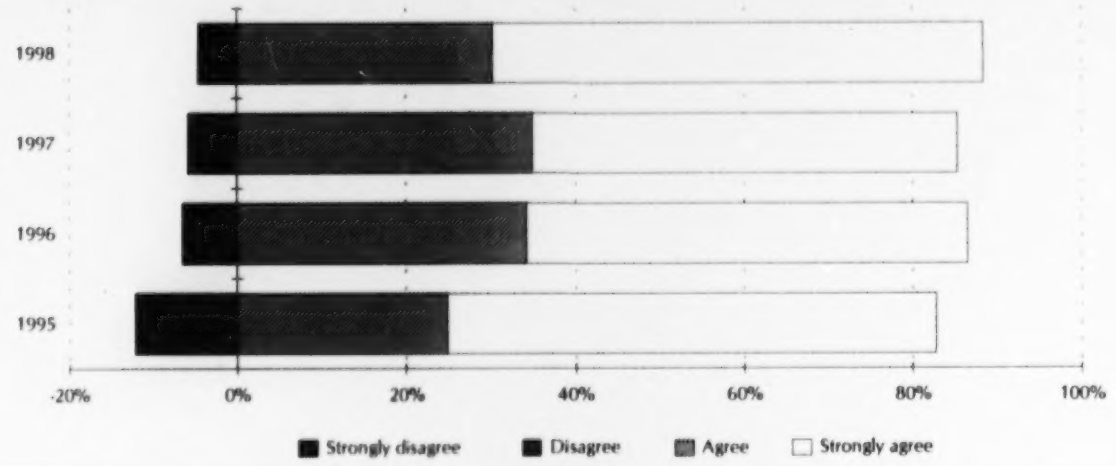
One in ten (10.5 per cent) NHS nurses agreed with the second statement, *'Considering the work I do, I am paid well'*. This figure was relatively unchanged over the last two surveys as is the proportion who disagreed. However, slightly more NHS nurses disagreed strongly (Figure 4.4).

Very few newly qualified nurses (two per cent) agreed with the statement compared with those who qualified prior to 1996 (11 per cent). A lower proportion (nine per cent) of nurses working full time agreed with the statement compared with those working part time (14 per cent). There were also differences by shift pattern. For example, nurses working 12 hour shifts were least likely to agree (one per cent) compared with those working daytime only (19 per cent).

The proportion of nurses agreeing varied by specialty. Those working in A&E (one per cent), critical care (three per cent) and paediatrics (six per cent) exhibited the lowest proportion agreeing with the statement.

The third statement: *'NHS nurses are paid poorly in relation to other professional groups'* was first used in 1995. At that time nearly three-fifths (58 per cent) of NHS nurses strongly agreed with the statement (Figure 4.5). Over the next two surveys the proportion agreeing strongly showed small reductions, while the proportion agreeing rose from 25 per cent in 1995 to 35 per cent in 1997. By 1998, the proportion agreeing strongly had increased again.

Figure 4.5 'NHS nurses are paid poorly in relation to other professional groups': NHS nurses (1995-1998)



Source: IES/RCN membership surveys

4.3 Career progression

This section considers pay and career progression in light of the Review Body recommendations for discretionary increments. In particular, we examine the evidence to see if those nurses on top increments are more frustrated in their pay and career progression than others on the same grade.

Fewer (42 per cent) of those nurses on the top increment in the higher grades agreed that they could determine the way their career develops, while more (76 per cent) agreed that it would be difficult for them to progress from their current grade. There was no difference in the proportion who agreed that they didn't know where their career in nursing was going (Table 4.2). This evidence suggests that the Review Body's perception is correct.

However, the responses to the last two statements suggest that the recommendation may be less appropriate. Firstly, a markedly smaller proportion (54 per cent) of nurses on the top increment in the higher grades agreed that they were interested in career progression compared with those not on the top increment (78 per cent). Secondly, fewer of these nurses agreed that they could be paid more if they left nursing. Perhaps the most striking feature of these data is the similarity between the responses of those on the top increment of the higher grades with those on top increments on grades C to E.

What then of the Review Body's second contention, that extending tops of grades F to I will aid retention? The survey evidence shows that one in three (30 per cent) of those nurses on the top increment of grades F to I stated that they were currently seeking non-nursing work compared with one in five (19 per cent)

Table 4.2 Satisfaction with pay and career progression, by grade and top increment (NHS nurses)

	% agreeing with the statement		% agreeing with the statement	
	Grades F, G, H and I		Grades C, D and E	
	Top of scale	Not at top of scale	Top of scale	Not at top of scale
I can determine the way my career develops	40	42	34	46
It will be difficult for me to progress from my grade	76	68	75	53
I don't know where my career in nursing is going	37	37	48	36
I am interested in career progression	54	78	60	77
I could be paid more for less effort if I left nursing	62	70	64	80

Source: IES, 1998 RCN membership survey

of those not on the top increment in these grades. Again, there are similarities in the response of those on the top increment in grades C to E. Twenty-eight per cent of those on the top increment of these grades stated that they were currently seeking non-nursing work. The figure for those not on the top increment is eight per cent.

These data suggest that adding three discretionary increments to the tops of the higher clinical grades may have some impact on retention in the higher grades. However, it confuses pay progression with career progression and does not address constraints on the latter. Its focus on the higher clinical grades will do nothing for the morale of the majority who are on grades C to E. The survey data show that they are equally concerned about limited opportunities for pay progression and career progression.

4.4 Summary

The key findings in this chapter include:

- The proportion of NHS nurses employed in posts at grade G or above had declined from one-third in 1991 to less than one-quarter in 1998.
- Three-fifths of nurses were on the top increment of their clinical grade.
- Over the 1990s an increasing proportion of NHS nurses agreed that they could be paid more for less effort if they left nursing, from 45 per cent in 1992 to 68 per cent in 1998.
- Fewer of those on the top increment of their grade agreed that they could be paid more for less effort if they left nursing.
- Between 1992 and 1998 there was a decline in the proportion of NHS nurses agreeing that they were paid well for the work that they did.

- Those on the top increment and those not on the top increment were equally dissatisfied with the pay that they received for the work that they did.
- One in three of those on the top increment of the higher grades were seeking non-nursing work, compared one in five of those not on the top increment; the response was similar for those on the lower grades (28 per cent for those on the top increment and eight per cent for those not on the top increment).
- Overall, newly qualified nurses in the NHS were more dissatisfied with their pay.

5. Working Arrangements

Despite the numbers of registered nurses remaining more or less constant in recent years, there have been significant increases in productivity, as evidenced by rising activity levels. Hospital activity data point to sustained growth in nursing inputs. For example, the total number of ordinary admission episodes rose by 11 per cent between 1990/91 and 1995/96, while first out patient attendance rose by 29 per cent.[1] Survey evidence suggests that some of this increased productivity has been achieved by increases in the numbers of hours actually being worked by nurses. The average number of excess hours worked by individual nurses in the 1997 IES/RCN survey was 5.9 hours, an increase of 2.1 hours since 1995 (Seccombe and Smith, 1997). How much productivity can continue to improve at this rate is doubtful.

This chapter describes the employment characteristics of nurses in terms of: full- and part-time working, shift patterns, excess hours working, and the prevalence of second jobs. It also describes nurses' perceived workloads.

5.1 Full-time and part-time working

Full-time working has been the norm over the 1990s. In 1992, for example, two-thirds (65 per cent) of nurses worked full time. By 1994 there had been a small reduction in this proportion, down to 61 per cent. The figure for 1998 was 62 per cent.

Table 5.1 shows the pattern of job hours across employment sectors. Full-time working was more prevalent among NHS and

Table 5.1 Pattern of job hours, by employment sector (per cent)

	Full time	Part time	Job share/ occasional	Base no.
NHS nursing	67	31	2	*2,657*
Non-NHS nursing	66	31	3	*401*
GP practice nursing	16.5	80	3.5	*211*
Agency and bank nursing	17	38	45	*133*
All nurses	*62*	*34*	*4*	*3,454*

Source: IES, 1998 RCN membership survey

[1] Department of Health, Statistical Bulletin, *NHS Hospital Activity Statistics: England 1985 to 1995-96.*

Table 5.2 Average weekly contracted hours for part-time nurses,* by employment sector

	Contracted hours		Range	Base no.
	mean	(sd)		
NHS nursing	24.2	(6.2)	0-36.25	*822*
Non-NHS nursing	22.8	(8.2)	7-36.75	*116*
GP practice nursing	21.1	(6.0)	5-36	*166*
All nurses	*23.6*	*(6.7)*	0-36.75	*1,103*

*Note that respondents reported that they worked part time

Source: IES, 1998 RCN membership survey

non-NHS nurses than among nurses working in GP practices or as bank or agency nurses. The proportion of nurses working full time in the NHS and practice nursing was unchanged from the 1994 figure, while fewer nurses (60 per cent) in the non-NHS sector and bank or agency nursing (11 per cent) worked full time.

Variation in the number of weekly contracted part-time hours was also reported. Table 5.2 shows that on average, part-time NHS nurses were contracted to work slightly more hours than their counterparts in the non-NHS sector and GP practices. The average number of part-time contracted hours was 23.1 hours in 1996. This fell slightly to 22.8 hours in 1997. By 1998 the figure was 23.6 hours.

For the compilation of work statistics, part-time working is defined as less than 30 hours.[1] The survey data showed that one in three (30 per cent) nurses, who reported working part time, were contracted to work 30 hours or more. If we define these nurses as working full time, then the proportion working full time increases to 72 per cent. For those in the NHS the figure rises to 78 per cent and for those in non-NHS and practice nursing the figures are 72 per cent and 26 per cent respectively.

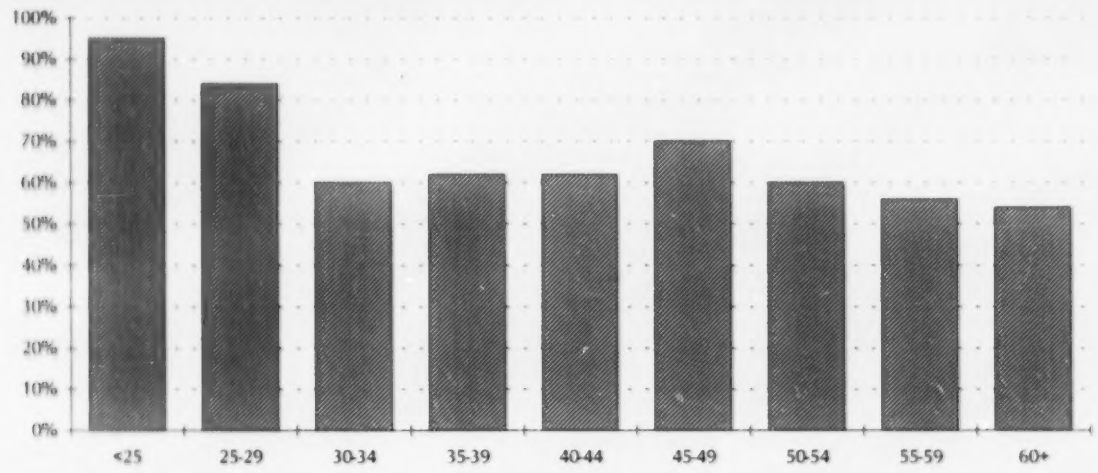
There was some variation in full-time working by age (Figure 5.1). More than four-fifths of those aged under 30 worked full time compared with three-fifths of those aged 30 to 39. The latter is associated with having dependent children: for example, 41 per cent of those aged 30 to 39 with dependent children worked full time compared with 96 per cent of those without dependent children.

5.2 Shift patterns

Internal rotation may be regarded as unsociable and family unfriendly, because working patterns can change rapidly within the three shift system. At 33 per cent it was the most common

[1] Eurostat (1996), *The European Union Labour Force Survey, methods and definitions.*

Figure 5.1 Proportion of nurses working full time, by age group (NHS nurses)

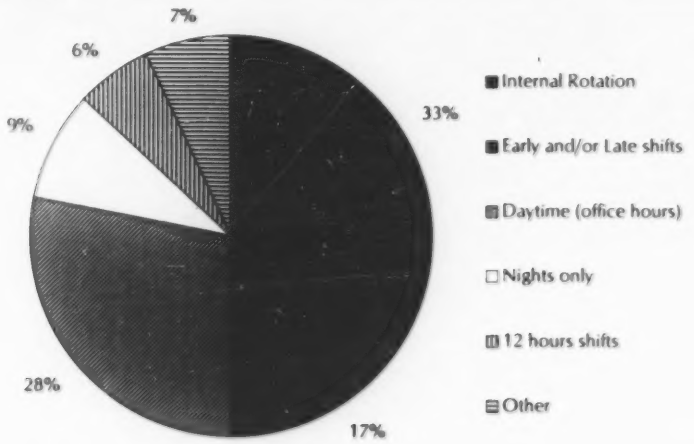


Source: IES, 1998 RCN membership survey

working pattern of NHS nurses (Figure 5.2). In 1994 the figure was 23 per cent. Over this same period, there was a decline in the proportion who worked early and or late shifts (down from 26 per cent to 17 per cent), night shifts (down from 14 per cent to 19 per cent) and days only (down from 32 per cent to 28 per cent) while those working 12 hour shifts rose by two per cent to six per cent.

Shift patterns varied between main workplace. Not surprisingly, a higher proportion (61 per cent) of hospital based nurses worked a three or two shift system (*ie* internal rotation and early and or late shifts) compared with those based in the community (five per cent). The shift patterns of hospital and community nurses has also changed since 1994, mirroring the changes reported for all NHS nurses (Table 5.3).

Figure 5.2 Shift patterns (NHS nurses)



Source: IES, 1998 RCN membership survey

Table 5.3 Shift patterns by main workplace, 1994 and 1998 (NHS nurses) (per cent)

	Hospital		Community	
	1994	1998	1994	1998
Internal rotation	30	41	2	1
Early and/or late shifts	31	20	9	4
Night shifts	18	11	1	1
Days or equivalent	15	16	82	83
12 hours shifts	2	7	0.5	–
Other, *including twilight, flexitime and elements of on-call*	4	5	6	11
Base no.	*1,508*	*2,045*	*407*	*427*

Source: IES/RCN membership surveys

There was an association between shift pattern and caring responsibilities for dependent children and adults. For example, a lower proportion (28 per cent) of NHS nurses with caring responsibilities for dependent children worked full rotation compared with those without dependent children (38 per cent). In contrast, a higher proportion (15 per cent) of nurses with caring responsibilities for dependent children worked night shifts. The figure for those without dependent children was six per cent.

More than half (53 per cent) the NHS nurses reported that they were working their preferred shift pattern (Table 5.4). However, two-thirds (67 per cent) of those working internal rotation said it was not their preferred pattern of work; amongst those with dependent children and working full rotation the figure was 34 per cent.

One in three (30 per cent) NHS nurses working internal rotation reported that their preferred shift pattern would be early or late shifts while one in six (16 per cent) said that they would prefer day shifts or equivalent.

Table 5.4 Proportion of nurses who reported that their current shift* matched their preferred shift pattern (NHS nurses)

	%	Base no.
Internal rotation	32	*796*
Early and or late shifts	48	*411*
Day shifts, eg 9-5 or equivalent	77	*482*
Night shifts	71	*187*
12 hour shifts	68	*140*
All NHS nurses	53	*2,133*

* Other shifts not shown

Source: IES, 1998 RCN membership survey

Table 5.5 Type of influence over shift patterns worked, by employment sector (per cent)

	NHS	Non-NHS	GP practice nursing	All
Self-rostering	43	51	49	44
Flexible start time	26	17	23	24
Flexible finish time	26	16	25	24
Off duty requests	23	18	27	20
Other, eg negotiation with work colleagues	11	15	–	14
Base no.	*1,145*	*210*	*88*	*1,443*

Source: IES, 1998 RCN membership survey

5.3 Influence over shift patterns worked

Nurse respondents were asked to indicate whether they had any influence over the shift pattern that they worked. Half (50 per cent) reported that they could influence the shift pattern that they worked. There was some variation between employment sectors. Nearly two-thirds (59 per cent) of GP practice nurses reported that they could influence their shift pattern compared with those in the non-NHS sector (56 per cent) and the NHS (48 per cent).

Of those who could influence their shift patterns the most frequently cited influence was that of self-rostering, followed by flexible start time, flexible finish times and off duty requests (Table 5.5). Again there was some variation by employment sector and this may reflect the organisation of services, *eg* general hours of availability, within each sector.

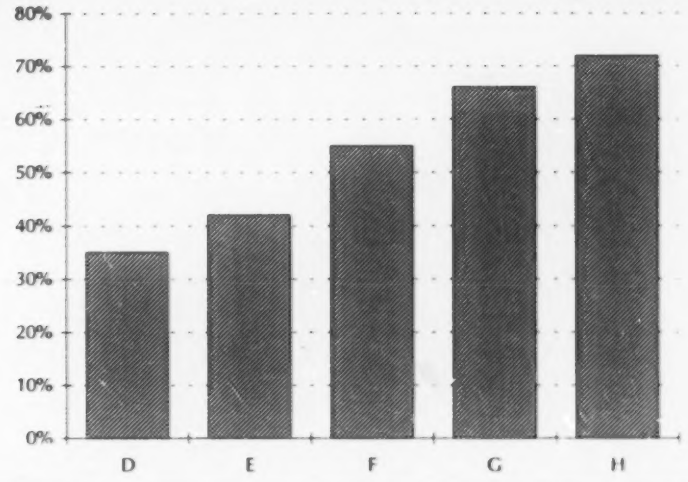
A slightly higher proportion (48 per cent) of hospital based NHS nurses reported that they could influence their shift pattern, compared with those based in the community (45 per cent). Flexible start and flexible finish times were more prevalent in the community while higher proportions of hospital nurses cited self-rostering and off duty requests as the types of influence they had over their shifts (Table 5.6).

Table 5.6 Type of influence over shift patterns worked, by main workplace (NHS nurses) (per cent)

	Hospital	Community
Self-rostering	26	3
Flexible start time	44	37
Flexible finish time	21	52
Off duty requests	21	52
Other, eg negotiation with work colleagues	9	39
Base no.	*932*	*140*

Source: IES, 1998 RCN membership survey

Figure 5.3 Proportion of nurses with influence over their shift pattern, by grade (NHS nurses)



Source: IES, 1998 RCN membership survey

The proportion of NHS nurses who could influence their shift patterns increased with clinical grade (Figure 5.3). More than one-third (35 per cent) of D grade nurses could influence the shift pattern that they worked, compared with two-thirds (66 per cent) of those on grade G and over 70 per cent of those on grade H. (Note that the numbers of nurses on grades C and I were very small: therefore, these data are not shown.)

5.4 Excess hours working

Nurse respondents were asked whether they had worked in excess of their contracted hours in their last full working week. Overall, three-fifths (61 per cent) of NHS nurses reported that they had worked excess hours. This was lower than the figure for 1997 (65 per cent) but higher than that for 1996 (59 per cent). Data from the IES/RCN panel survey showed a similar trend. In 1996 more than three-fifths (63 per cent) of NHS nurses (panel) had worked in excess of their contracted hours. In 1997 the proportion working excess hours had increased to 74 per cent. By 1998 there was a small downturn to 69 per cent. The average number of excess hours worked by these nurses had risen steadily from 6.1 in 1996 to 6.9 in 1998.

Excess hours working was also prevalent outside the NHS. Three-fifths (61 per cent) of GP practice nurses stated that they had worked in excess of their contracted hours. The figure for those working in the non-NHS sector was 56 per cent.

Nurses in the three main employment sectors worked, on average, 5.8 excess hours. This figure has remained fairly static over three successive surveys. For example, in 1996 the figure was 5.9 hours. Table 5.7 shows the variation across the three employment sectors. The sum total of excess hours worked by

Table 5.7 Average number of excess hours worked, by employment sector

	Excess hours		
	mean	(sd)	Base no.
NHS nursing	5.6	(5.6)	*1,568*
Non-NHS nursing	8.2	(7.3)	*209*
GP practice nursing	3.2	(3.2)	*122*
All	*5.8*	*(2.5)*	*1,900*

Source: IES, 1998 RCN membership survey

NHS nurses was 8,816 hours. This was equivalent to one-tenth of their reported contracted hours, or 235 wte NHS nurses.

Respondents were asked to indicate how often they worked in excess of their contracted hours. Six per cent reported that they never worked in excess of their contracted hours. However, one-third (34 per cent) reported that they worked excess hours several times per week. Of the remainder one in three (32 per cent) worked excess hours less than once per week and one in five (20 per cent) did so once per week. Six per cent reported that they worked extra hours at the end of every shift.

Nurses were asked to indicate the reason for working in excess of their contracted hours. Three-fifths (62 per cent) of nurses reported that they had worked excess hours to cover for unplanned peaks in workload or to cover for staff shortages (Table 5.8).

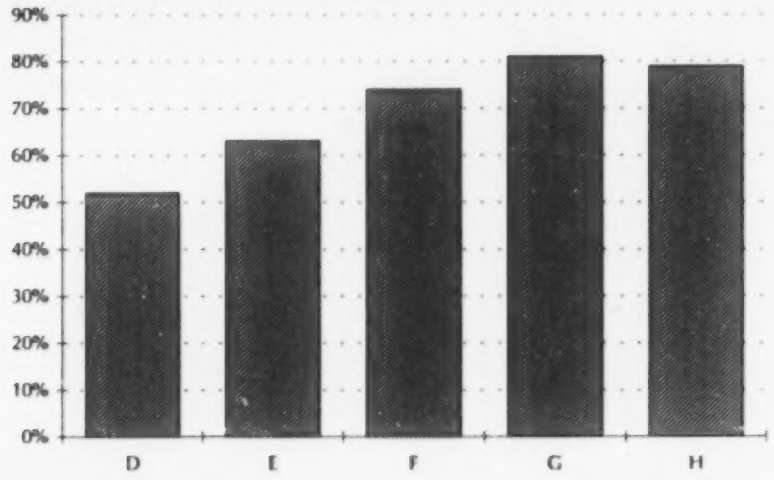
A higher proportion (64 per cent) of NHS nurses working full time reported working in excess of their contracted hours compared with those working part time (54 per cent). There was little difference in the average number of excess hours worked by full-time and part-time nurses (5.6 hours and 5.7 hours respectively). There were noticeable differences in excess hours working between NHS nurses based in hospital and those based in the community. One in seven (71 per cent) community based nurses reported that they had worked in excess of their contracted hours,

Table 5.8 Reasons for working excess hours

	%
to cover for unplanned peaks in workload	34
to cover for staff shortages	28
to cover for planned peaks in workload	12
to cover for sickness absence	11
To meet demands of general workload	6
Other, *including attendance at meetings, paperwork, etc.*	9
Base no.	1,868

Source: IES, 1998 RCN membership survey

Figure 5.4 Proportion of NHS nurses working excess hours, by clinical grade



Source: IES, 1998 RCN membership survey

compared with one in six (59 per cent) hospital based nurses. However, there was little difference in the average number of excess hours worked (5.5 hours and 5.7 hours respectively).

Within the NHS, excess hours working varied by clinical grade. Figure 5.4 shows that the proportion of nurses working in excess of their contracted hours increased with clinical grade. (Note that the numbers of C grade and I grade nurses were very small; therefore, these data are not shown.) The average number of excess hours worked varied across clinical grade (Table 5.9).

Aggregating the number of weekly contracted hours plus excess hours worked by part-time NHS nurses reveals that 13 per cent had worked beyond the standard NHS working week (*ie* 37.5 hours). The extent of excessive working, *ie* in excess of 48 hours, was estimated by aggregating the number of contracted hours plus excess hours worked. Nine per cent of full-time nurses reported that they worked in excess of 48 hours.

When assessing the extent of excess hours working, the number of hours worked in additional jobs should also be considered

Table 5.9 Average number of excess hours worked, by clinical grade (NHS nurses)

	Excess hours		Base no.
	mean	(sd)	
D	5.9	(6.8)	*328*
E	5.3	(5.4)	*462*
F	4.6	(3.4)	*210*
G	5.5	(5.5)	*341*
H	6.5	(5.9)	*90*

Source: IES, 1998 RCN membership survey

(see section 5.5). Aggregating the number of contracted hours, excess hours, plus the number of additional hours worked in second jobs, shows little change in the proportion of full-time NHS nurses working in excess of 48 hours.[1] In 1998 16 per cent of these nurses worked in excess of 48 hours, compared with 14 per cent in 1997.

5.5. Second jobs

There has been a rise in the proportion of NHS nurses holding second jobs. In 1991 one in six (17 per cent) reported that they held a second job. This rose to 25 per cent in 1996. By 1998 one in three (29 per cent) NHS nurses stated that they held a second job, reflecting a large increase in bank working. Just over half (55 per cent) of those with second jobs stated that they had undertaken additional work during the reference week.

Data from the IES/RCN panel survey showed a reduction, albeit small, in the proportion of NHS nurses with second jobs, from 29 per cent in 1996 to 27 per cent in 1998.

It might be expected that second jobs are more prevalent among NHS nurses who work part time but the survey shows that the proportion of these nurses with second jobs was marginally higher (at 29 per cent) than among full-time nurses (28 per cent).

Successive IES/RCN surveys have shown an increase in the prevalence of additional bank nursing amongst NHS nurses. One in ten NHS nurses undertook bank work in addition to their main job in 1991; by 1997 this figure had risen to 14 per cent. The 1998 IES/RCN survey shows a further rise, up to 17 per cent.

Nurses were asked to indicate the main reason for undertaking additional paid work. Table 5.10 shows that additional income was cited by four-fifths of NHS nurses, followed by maintaining particular nursing skills (six per cent) and gaining experience in other specialties (five per cent). A higher proportion (85 per

Table 5.10 Main reason for undertaking additional paid work (NHS nurses)

	%
to provide additional income	83
to maintain particular nursing skills	6
to gain experience in other specialties	5
other, *eg* to cover staff vacancies	6
Base no.	*735*

Source: IES, 1998 RCN membership survey

[1] Note that working in excess of 48 hours does not constitute a breach of the Working Time Directive, unless the average for a given reference period exceeds this limit.

Table 5.11 Types of additional paid work of NHS nurses with second jobs, 1991 and 1998 (per cent)

	1991	1998
Bank nursing	29	63
Agency nursing	45	26
Other nursing	26	14
Non-nursing work	11	10
Base no.	*325*	*759*

Note that figures sum to more than 100 as some individuals held more than one additional job.

Source: IES/RCN membership surveys

cent) of those working full time in their main job cited additional pay compared with 79 per cent of those working part time in their main job.

Table 5.11 shows the types of additional paid work undertaken by NHS nurses holding second jobs in 1991 and 1998. In 1991 one in three (29 per cent) NHS nurses with a second job reported working on the 'bank'. By 1996 this figure had risen to one in two (50 per cent). Data from the 1998 RCN membership survey shows a further rise (up to 63 per cent).

Three-quarters of NHS nurses undertaking additional bank work did so for the same employer. Half (51 per cent) of these nurses were paid on the same clinical grade as in their main job. However, a large minority (39 per cent) were paid on a lower grade. Higher proportions of NHS nurses on grades D (77 per cent), E (77 per cent) and F (79 per cent) worked for the same employer compared with those on grade G (60 per cent).

The continuing rise in the proportion of NHS nurses undertaking additional 'bank' work implies that nurses want financial remuneration for any additional hours they work. Previous surveys showed that payment for excess hours working was rare. For example, in 1996 just over one-quarter of excess hours worked were paid (Seccombe and Smith, 1996).

Previous IES/RCN surveys indicate that the average number of hours worked on the bank has also been increasing. In 1995 for example, the average number of additional bank hours worked by NHS nurses was 10.8. By 1997 this figure was 11.0. The 1998 survey charts another rise — up to 12.3 hours.

Data from the IES/RCN panel survey showed that in 1996 more than half (54 per cent) the NHS nurses with second jobs worked on the bank. The figure for 1998 was 44 per cent. However, the average number of additional hours increased from 8.9 in 1996 to 11.9 in 1998.

5.6 Workload stress

In the remainder of this chapter, nurses' perceptions of workload stress are examined. Respondents were asked to indicate the extent to which they agreed or disagreed with the following statements:

- *'My workload is too heavy.'*
- *'I have to work very hard in my job.'*
- *'I feel I am under too much pressure at work.'*

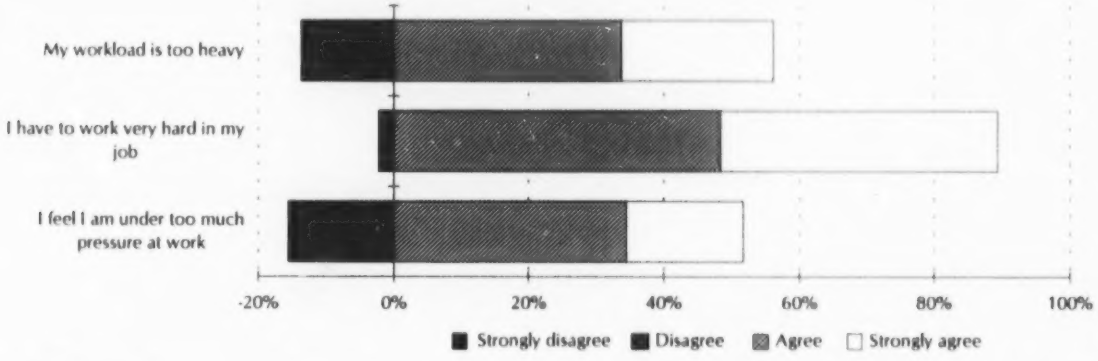
Figure 5.5 summarises the responses of nurses to each of these three statements.

Just over half (56 per cent) agreed with the statement: *'my workload is too heavy'*. There was marked variation across employment sectors. And, as last year, a higher proportion of NHS nurses agreed with this statement (56 per cent) than those in non-NHS nursing (45 per cent) and GP practice nursing (35 per cent).

A higher proportion (58 per cent) of hospital based nurses in the NHS agreed that their workload was 'too heavy', compared with those based in the community (51 per cent). The proportion agreeing with this statement tended to increase with grade: 53 per cent of D grade and 51 per cent of E grade nurses agreed with the statement compared with 64 per cent of G, and 60 per cent of H, grade nurses. Controlling for these grade differences there are variations in response between hospital and community nurses. For example, 57 per cent of hospital based D grade nurses agreed with the statement compared with 29 per cent of community nurses on the same grade.

Perhaps not surprisingly, a higher proportion (64 per cent) of those working in excess of their contracted hours agreed that their workload was too heavy compared with those who did not work excess hours (44 per cent).

Figure 5.5 Summary of workload stress items (all nurses)



Source: IES, 1998 RCN membership survey

There has been a small increase in the proportion of nurses agreeing with the second statement. Eighty-eight per cent agreed that they had to work very hard in their job. The figure was 81 per cent in 1997. This rise was accounted for by an increase in the proportion of non-NHS nurses who agreed. In 1998, 87 per cent of non-NHS nurses agreed with the statement, compared with 77 per cent in 1997.

The proportion of nurses agreeing with the third statement: *'I feel under too much pressure at work'* rose from 42 per cent in 1997 to 49 per cent in 1998. The response varied by employment sector with one in three (33 per cent) GP practice nurses agreeing, compared with over half of those in the NHS (52 per cent) and non-NHS (55 per cent).

5.7 Summary

The key findings in this chapter include the following:

- Sixty-two per cent of nurses worked full time; this rises to 72 per cent if we include nurses working 30 hours or more.
- Internal rotation was the most common working pattern.
- Half of those working in the NHS reported that they could influence their pattern of shifts.
- More than half the NHS nurses worked their preferred shift pattern.
- Two-thirds of NHS nurses working internal rotation said it was not their preferred pattern of work.
- Excess hours working continued to be the norm: three-fifths of nurses had worked in excess of their contracted hours — the average number of excess hours worked was 5.8.
- Unplanned peaks in workloads and staff shortages were the two main reasons cited by nurses for working excess hours.
- The proportion of NHS nurses with a second job increased to 29 per cent from 25 per cent in 1996.
- Four-fifths of NHS nurses reported that the provision of additional income was the main reason for undertaking a second job.
- Bank working has increased: 63 per cent of NHS nurses with a second job reported working on the bank, compared with 29 per cent in 1991 and 50 per cent in 1996.
- Three-quarters of those doing additional bank work do so for their main employer.
- Perceived workload stress was greatest among NHS nurses, particularly among those working excess hours.

References

Bevan S, Kettley P, Patch A (1997), *Who Cares? The Business Benefits of Carer-friendly practices*, IES report 330

Buchan J, Seccombe I, Smith G (1998), *Nurses Work: an Analysis of the UK Nursing Labour Market*, Aldershot: Ashgate Publishing

Daycare Trust (1994), *Not Just Nine to Five: a Survey of Shiftworkers' Childcare Needs*, London

English National Board (1998), *Annual Report 1997-98*, London

Equal Opportunities Review (1997), 'Coping with Eldercare', *EOR 73*, pp. 23-29, London, Industrial Relations Services

Holt H, Thaulow I (1996), 'Formal and Informal Flexibility in the Workplace ' in Lewes S, Lewis J (eds.), *The Work Family Challenge, Rethinking Employment*, London, Sage

Incomes Data Services (1997a), *Public Sector Labour Market Survey 1997*, IDS Report 751

Incomes Data Services (1997b), *Employers and Childcare*, IDS Study 633

Lader D (1995), *Qualified Nurses, Midwives and Health Visitors*, London, HMSO

Review Body for Nursing Staff, Midwives, Health Visitors and Professionals Allied to Medicine (1998), *Fifteenth Report on Nursing Staff, Midwives and Health Visitors 1998*, London, The Stationery Office

Scottish Office (1997), *Student Nurse Numbers Report of the Steering Group on Student Nurse Intake Assessment*, Scottish Office Department of Health, Management Executive

Seccombe I, Smith G (1997), *Taking Part: Registered Nurses and the Labour Market in 1997*, IES Report 338

Seccombe I, Smith G, Buchan J, Ball J (1997), *Enrolled Nurses: a study for the UKCC*, IES Report 344

Seccombe I, Smith G (1996), *In the Balance: Registered Nurse Supply and Demand, 1996*, IES Report 315

Appendix: The 1998 RCN Membership Survey

A.1 Aims and objectives

The main aim of the IES/RCN surveys is to:

- collect independent quantitative data from a representative sample of registered nurses, which describes their labour market and employment characteristics.

Specific objectives of the 1998 RCN membership survey were:

- to collect and analyse biographical, employment and career data from a sample of qualified nurses, to contribute to the debate on recruitment and retention
- to examine the availability and use of family-friendly or flexible working practices
- to collect and analyse data on nurses' pay satisfaction
- to examine the level and characteristics of nurse turnover and wastage
- to consider aspects of nurses' motivation and morale
- to collect and analyse data on nurses' shift patterns, excess hours working, workloads and multiple job holding.

A.2 IES surveys of registered nurses

This is the thirteenth national survey of registered nurses of the RCN membership to be conducted by the Institute since the mid-1980s.

These surveys constitute a unique national database of information on the changing employment patterns, careers and attitudes of registered nurses. As such they chart changes in the nursing labour market, and give an insight into the attitudes and responses of nurses to these changes.

A.3 Questionnaire design and piloting

Questionnaire design for the 1998 RCN membership and panel surveys followed preliminary discussions with staff in the RCN Labour Relations Department and drew on the Institute's experience of conducting previous national surveys of registered nurses.

The content of the questionnaire for the membership survey remained broadly similar to previous IES/RCN surveys. Several new questions were introduced, and these were tested in a postal pilot survey (n=50) conducted in January 1998. Two-fifths (n=21) of the questionnaires were returned within two weeks. Analysis of the pilot survey enabled us to refine the questions and develop response categories for the final version.

A.4 Sample size and structure

A random sample of 6,011 registered nurses was selected from the RCN's membership records. Like previous samples, only those in one of three full membership categories were eligible for selection. (The membership categories excluded were: Students; Overseas; Associates; Life and Founder members.) These three categories are:

- those who qualified before 1996
- those who qualified between 1996 and 1998 and were former student members of the RCN
- those who qualified between 1996 and 1998 but were new members of the RCN.

A disproportionate random sample was selected from each full category type. Prior to data analysis the effects of the disproportionate sampling were corrected. This was achieved by weighting the data by year of registration. Weighting the data ensures that the sample distribution reflects the known population of the full membership. Weighted data are presented throughout the report.

A.5 Response rates

The final version of the questionnaire was sent to the home addresses of those selected, at the beginning of March, with a covering letter from the General Secretary and a reply-paid envelope addressed to IES.

A reminder letter, a second copy of the questionnaire and a reply-paid envelope were sent to non-respondents after three weeks. By the close of the survey at the end of April, 3,871 completed questionnaires had been returned. A further 42 were returned after the closing date. This represents a crude response rate of 66 per cent.

The survey was launched three weeks after the Review Body published its recommendations for nurses' pay. We do not believe that this had any undue influence on the responses of individuals to the attitude statements used in the questionnaire. These responses largely continue the trends highlighted in previous years.

Table A.1 Survey mailing and response for the 1998 RCN membership survey

Questionnaires mailed out	6,011
Returned by Post Office	99
Returned as inappropriate	9
Total sample	5,903
Questionnaires returned	3,913
Non-participants	9
Late responses	42
Questionnaires available for analysis	3,862
Overall response rate	4,357/5,903 = 66%
Useable response rate	3,862/5,903 = 65%

Source: IES

Details of the mailing and response are given in Table A.1. The high useable response rate of 65 per cent is very satisfactory and means that we can be confident in drawing inferences from this survey population.

A.6 Panel survey

The panel questionnaire was sent to the home addresses of all panel members (n=1,904) in the middle of March with a covering letter from the IES and a reply-paid envelope addressed to IES.

A reminder letter, a second copy of the questionnaire and a reply-paid envelope were sent to non-respondents after three weeks. A second reminder was sent after a further three weeks had elapsed. By the close of the survey in the middle of May 1,436 completed questionnaires had been returned. This represents a crude response rate of 76 per cent.

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